IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. ~~17260~~/17309 DATE 3-9-94 TAX MAP NO. 25-A-51 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR ~~Krom Financial Servicesx~~ PHONE: Business 664-3671 Home 4648-19-3332

ADDRESS ~~19 Yacht Cove Mooresville NC 28115~~

LOCATION ~~north side of Cornelius road west of Judas road~~

SUBDIVISION Mills Forest BLOCK / SECTION ~~II~~ LOT ~~15~~ LOT AREA ~~20,000min~~ SITE CLASS. P DESIGN FLOW ~~360~~ L.T.A.R. ~~0.25~~ .3 Kass

Septic Tank: ~~1000~~ Gallons; STB ~~825 R81~~ Date ~~4/7/3~~

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ~~1200~~ Serial No. ~~400~~

Nitrification Field: No Fields ~~7~~ 1 Square Feet ~~440~~ Linear Feet ~~480~~

No Lines ~~5~~ 3 Trench Width 36" Max Trench Bottom Depth 22" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: ~~pump/conventional~~

Repair System Description: ~~low pressure pipe~~

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

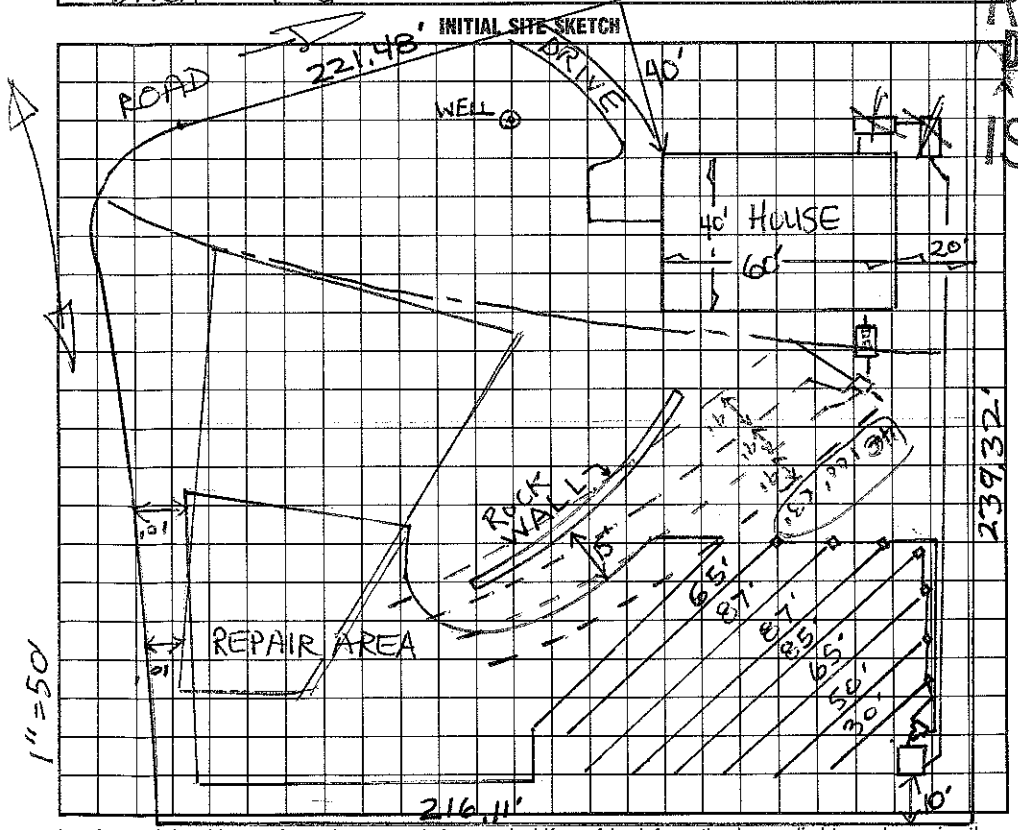
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: Do not install during wet soil conditions or rain.
Do not remove or disturb erosion break rock wall.
PUMP TO WASHER BOX. TEST PUMP LINE BEFORE BACKFILLING.

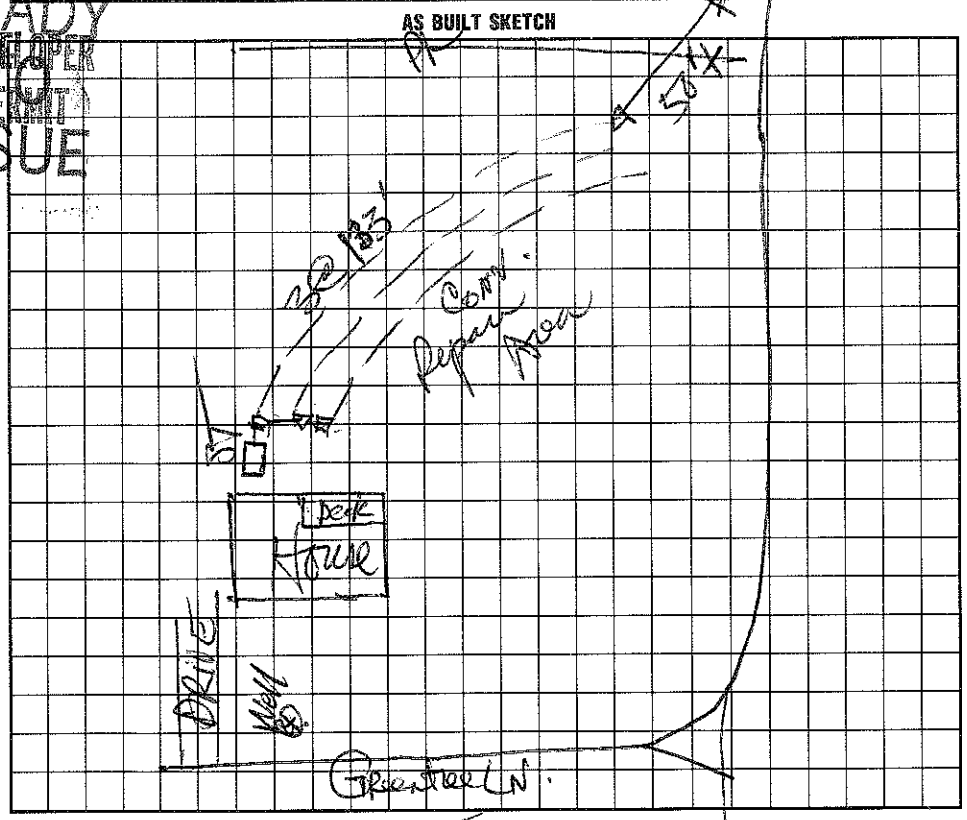
Comments:
7/5/95 - Changed to 40 feet conventional due to soil texture and structure

INITIAL SITE SKETCH



READY TO ISSUE DEVELOPER PERMIT

AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: ____

Improvement Permit by: Andrea Lemon date 3-9-94

Existing System Inspection by: ____ date ____

Installed by: Ronnie Stanley IRS Date 7-11-95

Certificate of Completion by: ____ date ____

Operation Permit by: ____ date ____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD