IREDELL COUNTY HEALTH DEPARTMENT

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

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

2408

PROPERTY DESCRIPTION NO. ~~17327~~ 17326 DATE 3-9-94 TAX MAP NO. 25-A-51 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR KROM FINANCIAL SERVICES PHONE: Business 664-3671 Home 4648-19-4698

ADDRESS 19 Yacht Cove Mooresville NC 28115

LOCATION on north side of Cornelius road west of Judas road

SUBDIVISION MILLS FOREST BLOCK / SECTION II LOT 22 LOT AREA 20,000min SITE CLASS. P DESIGN FLOW 360 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 625 Date 11/7/95

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4 Trench Width 36" Max Trench Bottom Depth 20" Gravel Depth 12"

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

System Description: pump/conventional

Repair System Description: pump/conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

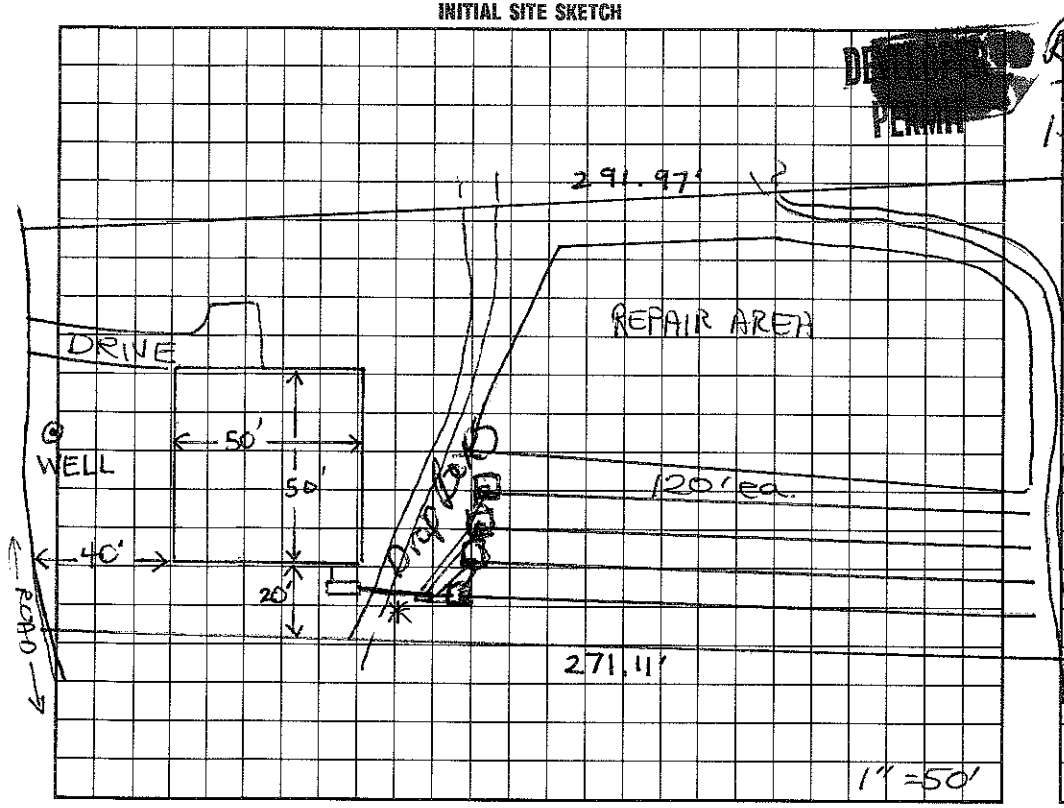
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

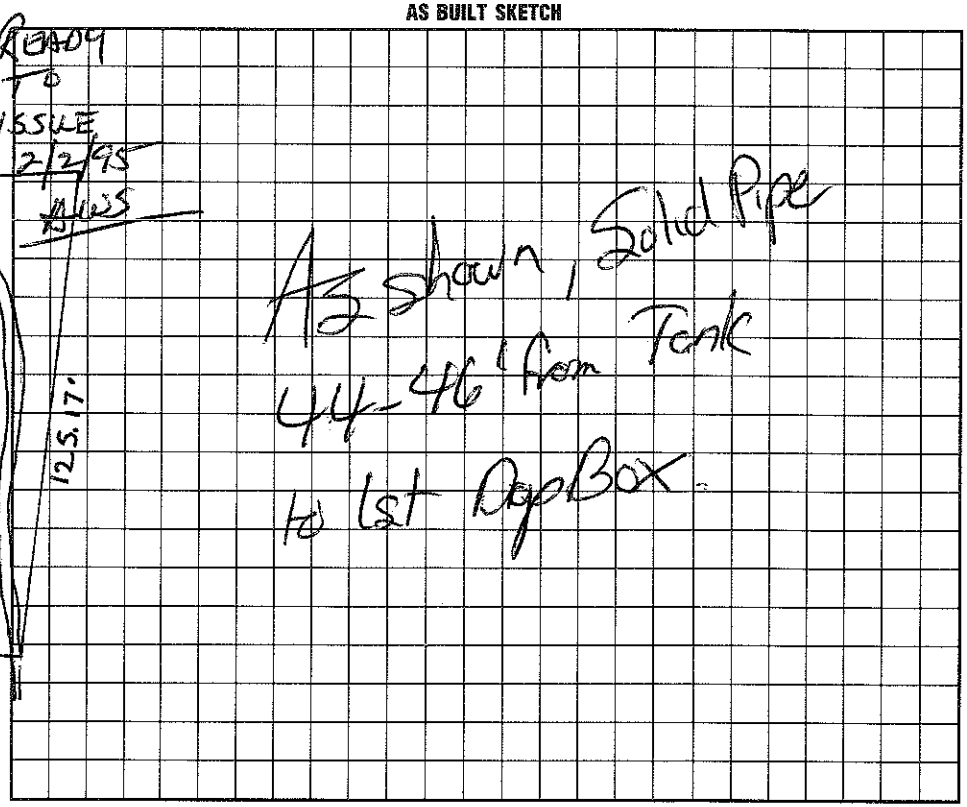
Comments: Do not install during wet soil conditions or rain.
Do not backfill gullies until system has been laid out.
MANNER IN WHICH TO REINFORCE CONVEYANCE PIPE* TO BE DETERMINED AT TIME OF INSTALLATION.

Comments:

INITIAL SITE SKETCH



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 Lenar date 3-10-94

Existing System Inspection by: ____ date ____

Installed by: Rowan Septic Tank

Certificate of Completion by: ____ date 3/29/95

Operation Permit by: ____ date ____

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