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. ~~17326~~ 17325 DATE 3-9-94 TAX MAP NO. 25-A-51 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR ~~KROM FINANCIAL SERVICES~~ PHONE: Business 664-3671 Home 4648-19-7675

ADDRESS ~~19 Yacht Cove Mooresville NC 28115~~

LOCATION north side of Cornelius road west of Judas road

SUBDIVISION MILLS FOREST BLOCK / SECTION II LOT 21 LOT AREA 20,000min SITE CLASS. P DESIGN FLOW 360 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB S2-5 Date 12/22/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 6 Trench Width 36" Max Trench Bottom Depth 20" Gravel Depth 12"

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

System Description: gravity 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

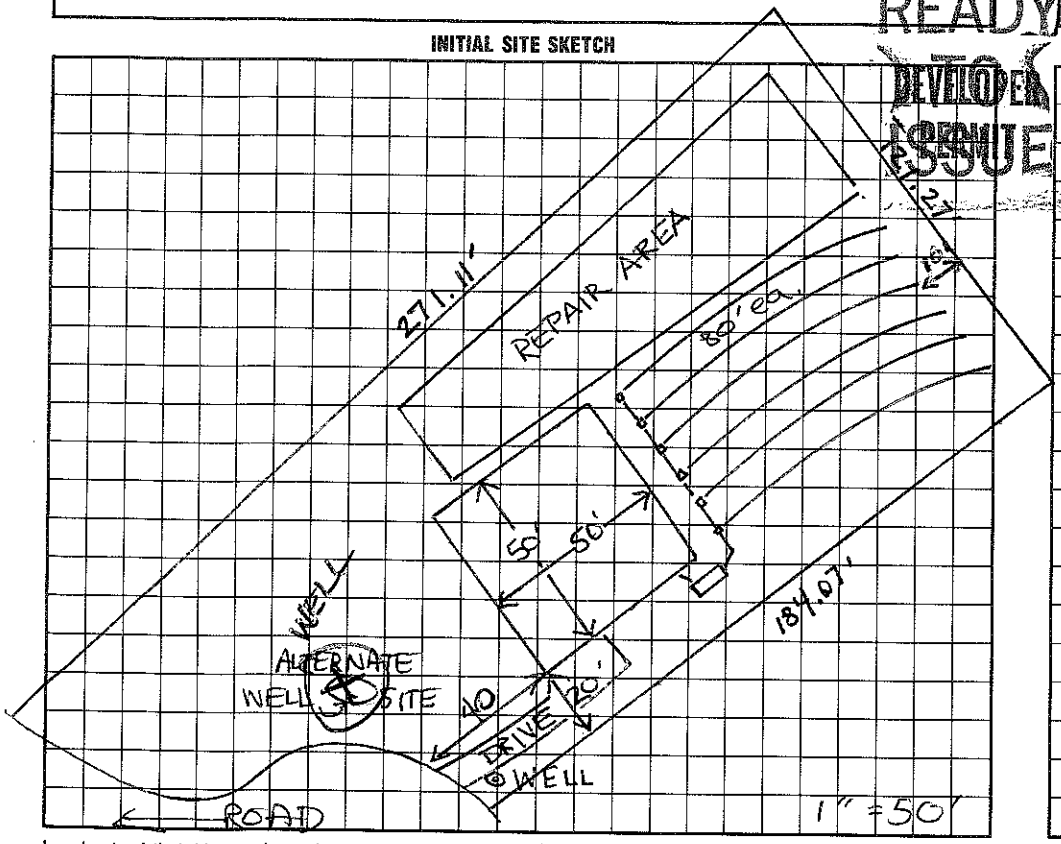
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: Do not install during wet soil conditions or rain. SMOOTH GRADING MAY BE NECESSARY PRIOR TO INSTALLATION BUT ONLY AFTER CONSULTATION ON SITE WITH DEPT. REP.

Comments:

READY TO ISSUE DEVELOPER

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: Wesley Sparks 8/24/94

Improvement Permit by: Andrea Lemon date 3-10-94

Existing System Inspection by: _____ date _____

Installed by: Rowan Septic Tank

Certificate of Completion by: Wesley Sparks R.S. date 2/22/95

Operation Permit by: _____ date _____

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