(3-00)

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. 2461 DATE April 17, '97 TAX MAP NO. part of 1145 4658 01 16669 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Kacon Financial Services PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Rd. Mooresville

LOCATION 21N to Valleyview Rt cliffview on Right NEAR end

SUBDIVISION Oakbrook BLOCK / SECTION _____ LOT 32 LOT AREA .72 Ac SITE CLASS. FS DESIGN FLOW 360gpd T.A.R. .03

Septic Tank: 1000 Gallons; STB 525 Date 12/17/97

Pump Tank: 1000 Gallons; PT 47 Date 12/17/97

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400

No. Lines 4@100' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI.

System Description: pumped Am-Conventional

Repair System Description: Sahne

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

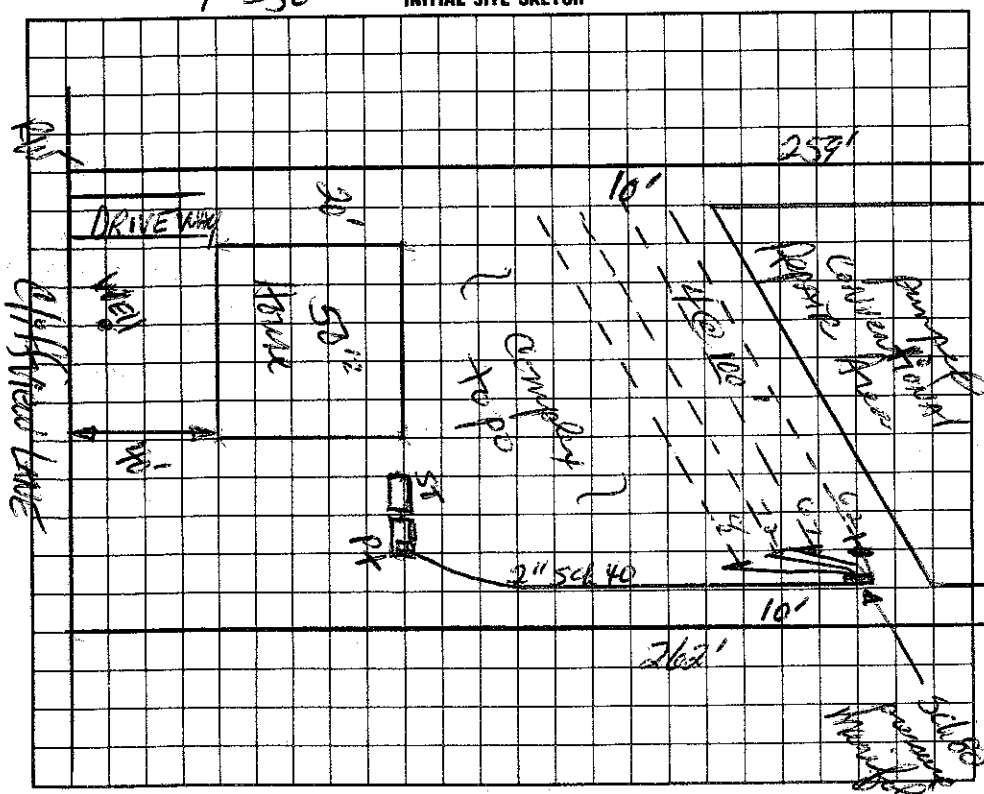
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments:

1"=50'

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.

Signed: _____

Improvement Permit by: _____ date 4/17/97

Construction Authorization by: _____ date 4/17/97

Installed by: ROWAN SEPTIC

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 3/12/98

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