IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

(4:00)

PERMIT# 073377 PIN# 4658849772 4658 84 7442 DATE June 15, 1998

OWNER OR CONTRACTOR Krom Financial Services PHONE: Business 664-3671 Home

ADDRESS 149 Yacht Cove Rd Mooresville

LOCATION 115 No TR Bascom TR New Street on Right 124 Creek Branch Dr.

SUBDIVISION Collins Park BLOCK / SECTION II LOT 12 LOT AREA 1.36AC SITE CLASS. 1S DESIGN FLOW 360gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 825 Date 2/17/99
Pump Tank: 1000 Gallons; PT 47 Date 3/11/99
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 4 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 18-24" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: pumped-pm-mod-25%red
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

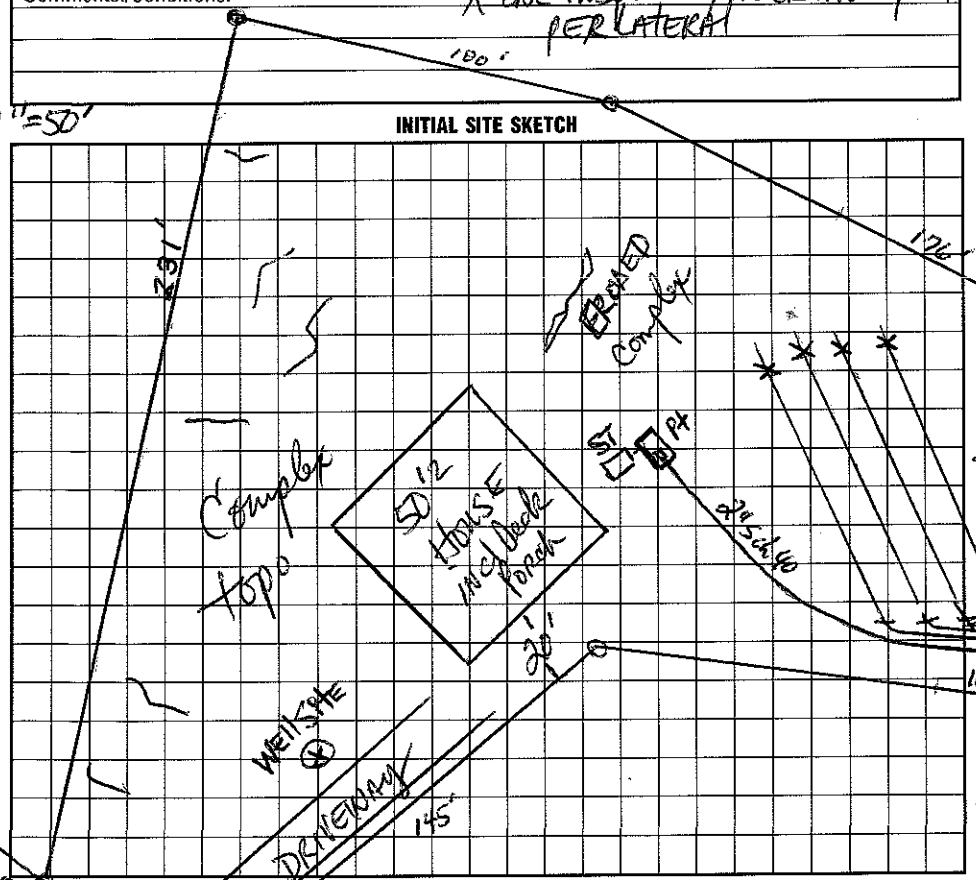
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

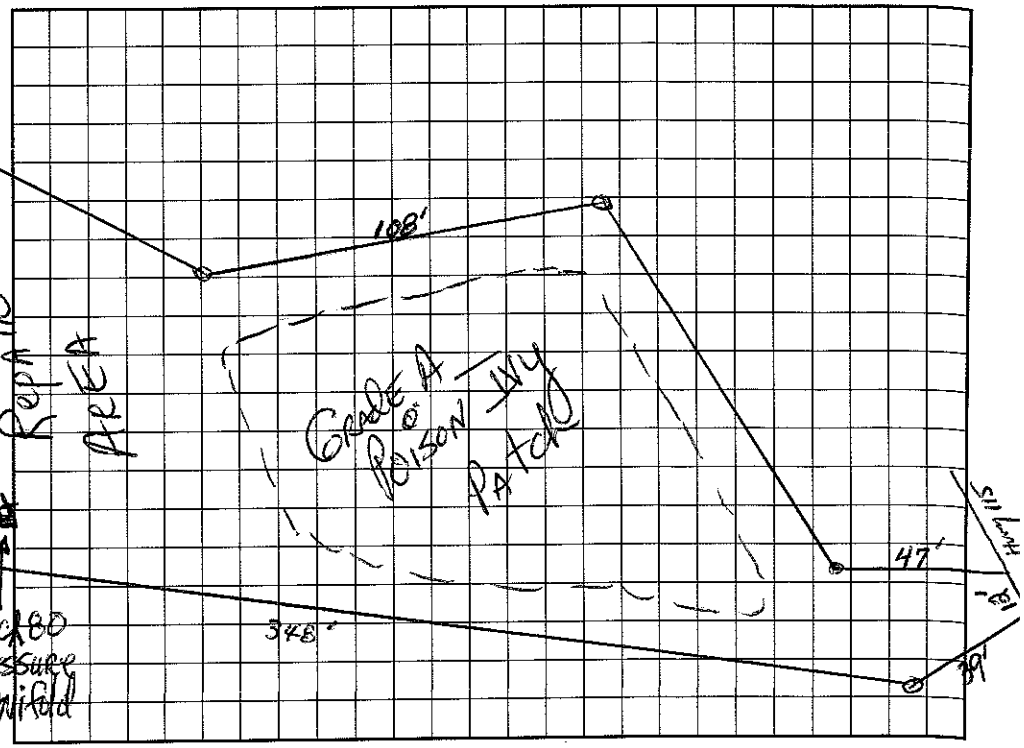
Comments:/Conditions: * one inspection/observation port per lateral

Comments:/Conditions:

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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: ____ date 6-18-98 Installed by: Rowan Septic

Improvement Permit by: [signature] date 6-15-98 Operation Permit by: Jeff Mayo date 4/22/99

Authorization to Construct by: [signature] date 6-18-98 Existing System Inspection by: ____ date ____

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