IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 73371 PIN# ~~4658549773~~ 4658-85-9469 DATE 8/11/99

OWNER OR CONTRACTOR KROM FINANCIAL PHONE: Business _____ Home _____

ADDRESS 149 YACHT COVE CO MOORESVILLE

LOCATION 115N - TR BARCLAY - TR NEW STREET AT END ONRT

SUBDIVISION COLLINS PARK BLOCK / SECTION II LOT 6 LOT AREA .84 AC SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ~~875~~ RST Date 7-14-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth _____

☑ ~~New System~~ ☐ Repair System Type: I, II, (III) IV, V, VI

System Description: GRAVITY PANEL

Repair System Description: PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☑ ~~No~~

☑ ~~House/Mod. Home~~ No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

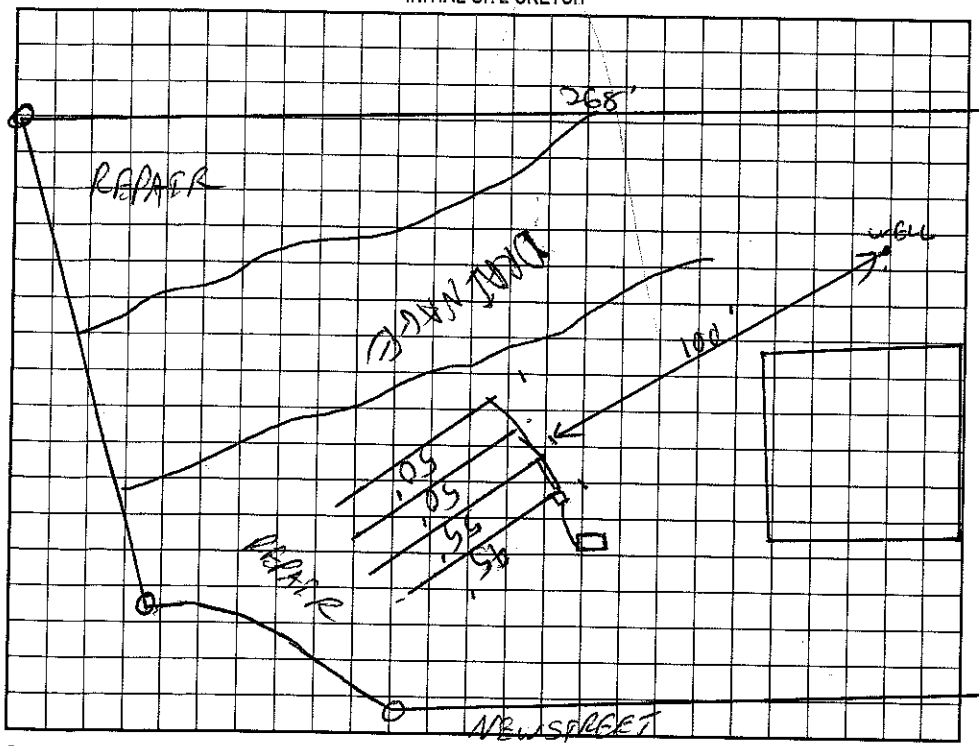
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ ~~Individual~~ ☐ Public ☐ Community

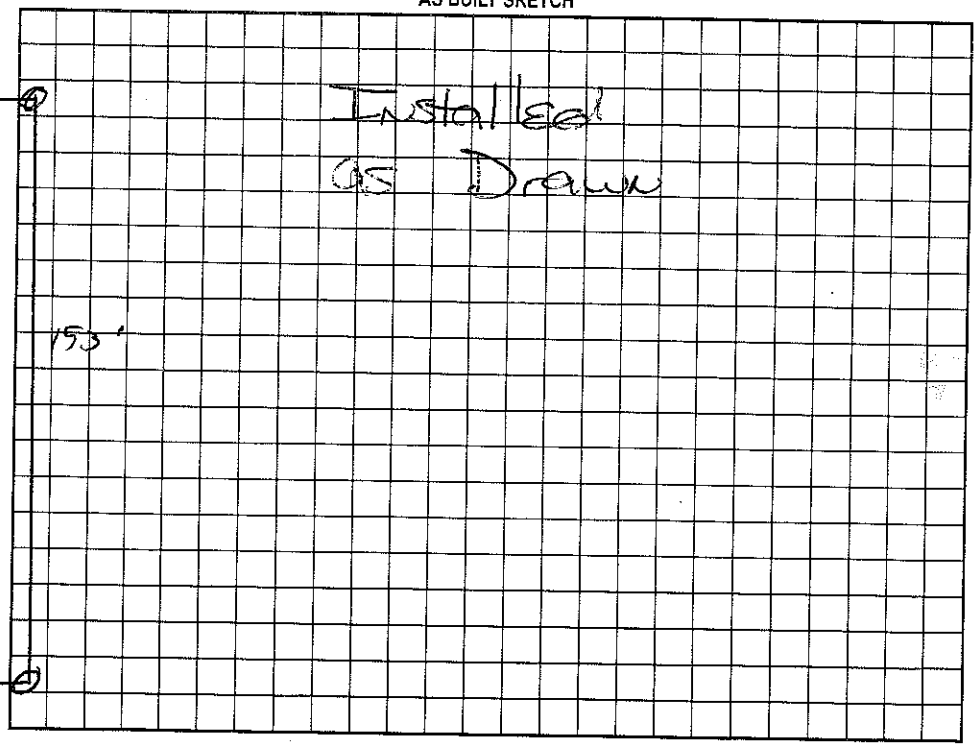
Comments:/Conditions: River & filter installed. Well installed as shown.

Comments:/Conditions: Tanks & lines checked 8/24/99 MD

INITIAL SITE SKETCH



AS BUILT SKETCH



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 8-11-99 Installed by: Rowan Septic

Improvement Permit by: _____ RS date 8/11/99 Operation Permit by: Maria Dotson RS date 8/24/99

Authorization to Construct by: _____ RS date 8/11/99 Existing System Inspection by: _____ date _____

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