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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. 16881 DATE 5/26/95 TAX MAP NO. 2N-A-20 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Tom Wilson Real Dev. (MARK HARPER) PHONE: Business ~~[illegible]~~ Home 704-478-3766

ADDRESS 1151 Lake Front Dr. Catawba, NC. 28609

LOCATION Spring Acres TR onto ~~Spring~~ Ridge Top (R) on (R) just before intersection

SUBDIVISION Spring Acres BLOCK / SECTION II LOT 58 LOT AREA ~1/2 AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 786 Date 9/2/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet ~~300~~ (400)

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAV - INFILTRATOR

Repair System Description: GRAV - 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

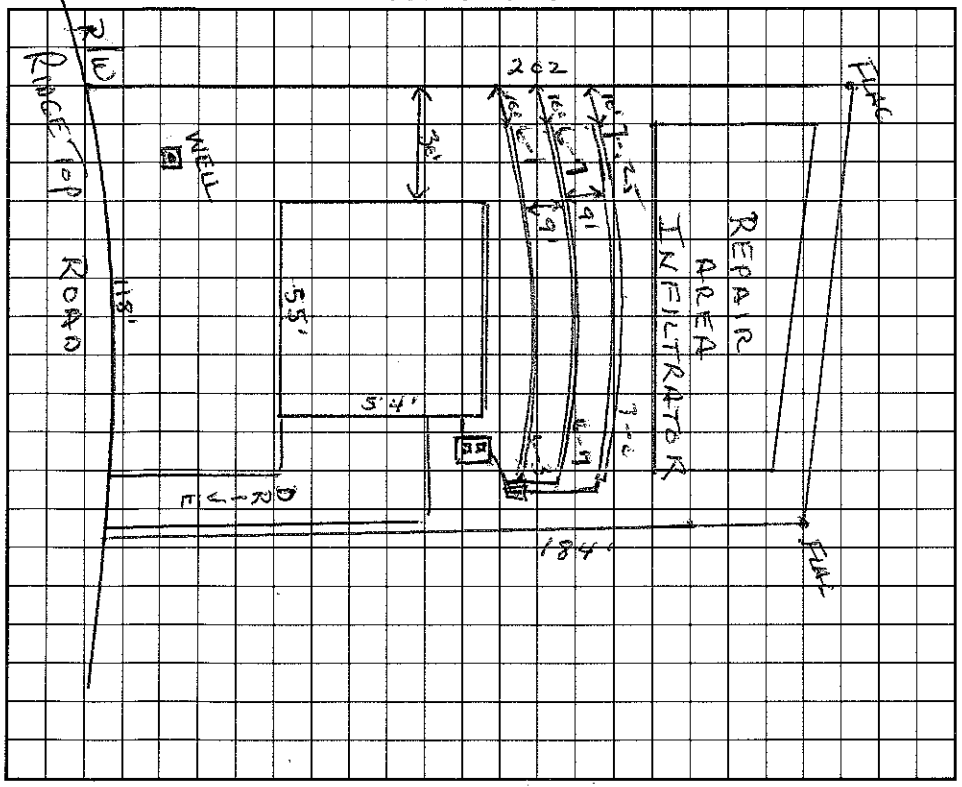
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: * 25% reduction for Infiltrator use

Re Issue of Developers Permit - Changing from pressure to gravity septon.

Comments: ~~not~~ installed as drawn

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: X Mark Harper

Improvement Permit by: Wesley Sparks RS. date 5/26/95

Existing System Inspection by: _____ date _____

Installed by: Kennedy Const Co.

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS. date 12/13/95

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