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. 19038 DATE June 23, '94 TAX MAP NO. 2-7034 4637-07-3719 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR K-2 Custom Builders Group PHONE: Business 892-9106 Home

ADDRESS 20764 A Chadwell Center Drive, Davidson, NC 28036

LOCATION 150 W on Quiet Cove Rd. on Right immediately past (adjoining) Ridge Top Rd.

SUBDIVISION Spurs Acres BLOCK / SECTION 3 LOT 34 LOT AREA .45 ac / SITE CLASS. PS per 1956 DESIGN FLOW 360 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 4/5/95

Pump Tank: 1000 Gallons; PT 49 Date 5/14/95

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LP PBBS

Repair System Description: Same - Reinstallation

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

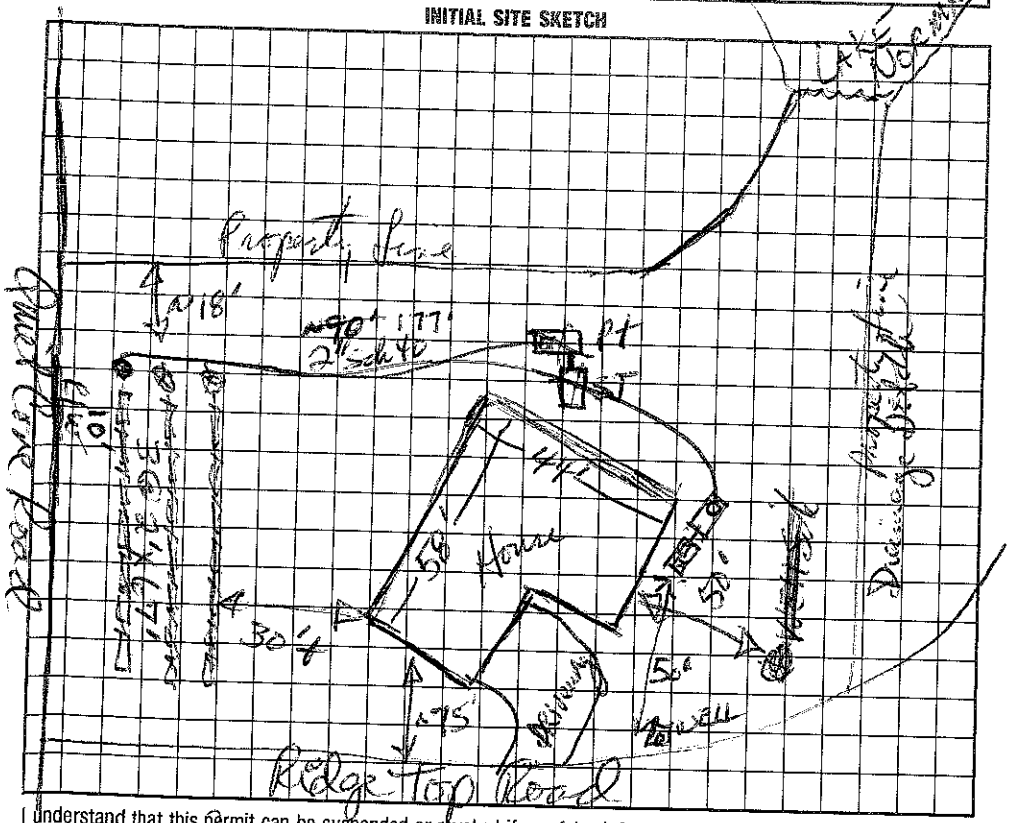
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Follow contour w/ laterals & one 3/16" hole per foot; 2' pressure head @ pump specs; 25' lateral @ approx. .22' total head 2' min. cover over tanks

Comments: System initial installation checked by Wesley Spencer. Warranty start by checked by OR for Maintenance contract end 7-14-95

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: _____

Improvement Permit by: _____, RS date 6/23/94

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____, RS date 7-14-95

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