IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

Permit #59065

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. B2779 059065 DATE 11/22/95 TAX MAP NO. ~~2L 74 35~~ 4637-07-3792 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR K2 Custom Builders PHONE: Business _____ Home _____

ADDRESS 20164 N Chartwell Dr. Charlotte NC. 28036

LOCATION Spring Acres, First lot on (R) past Ridgetop Ln.

SUBDIVISION Spring Acres BLOCK / SECTION 2 LOT 35 LOT AREA .46+/- SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 195 Date 4/28/96
Pump Tank: 1000 Gallons; PT 232 Date 1/20/96
Pump Make: ZOELLER Model N 163 E Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet ~~200~~
No Lines 3 Trench Width 24" Max Trench Bottom Depth 32" Gravel Depth 6" Stone

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: 16" Prefabricated Panel
Repair System Description: Same
Maintenance Agreement Required: [X] Yes [ ] No

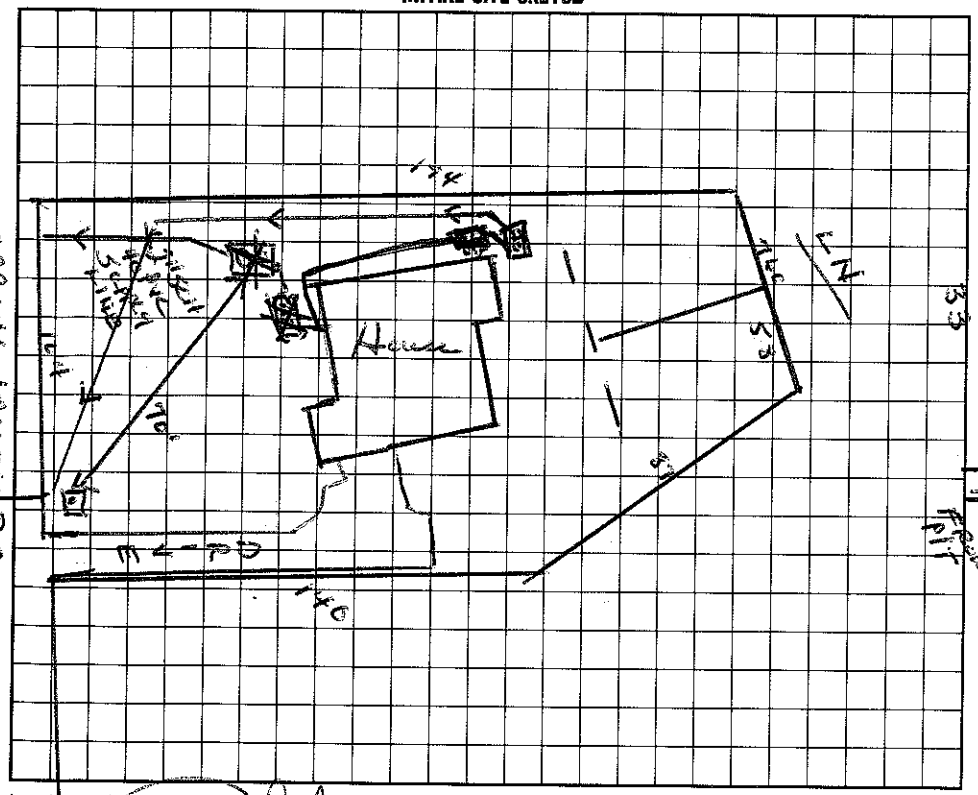
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2.5
[ ] Business No. Employees _____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Community [ ] Public

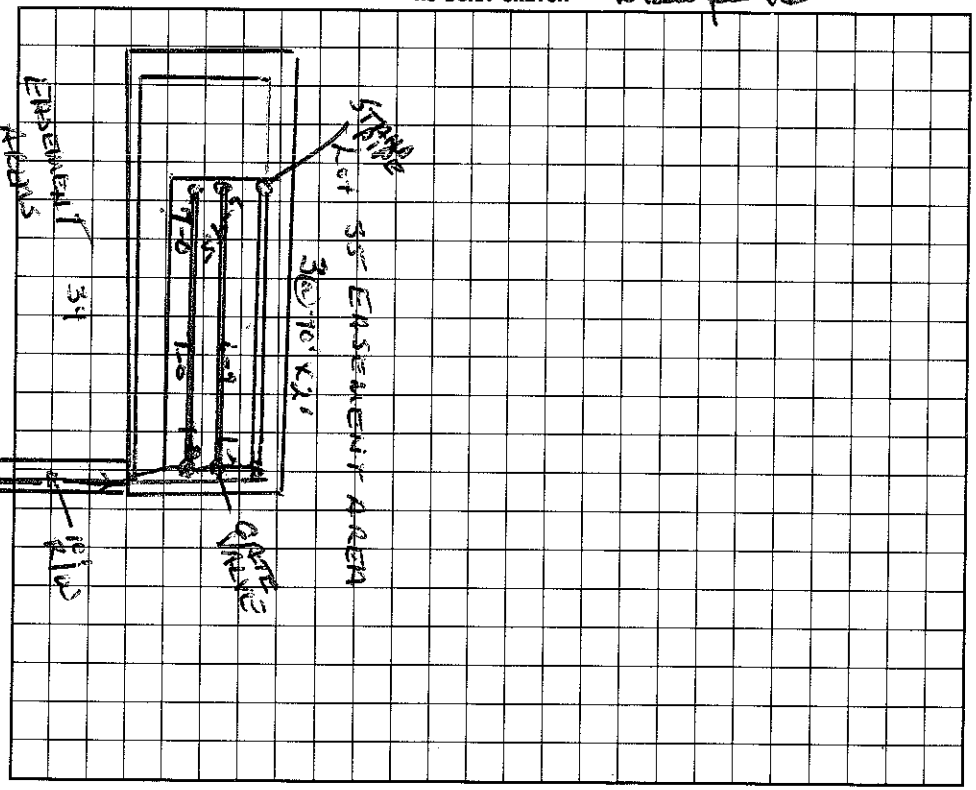
Comments: * 16" Prefabricated panels - Same for repair
No CHANGE WITHOUT ICHD APPROVAL
7/3/96 OK'd change location of S/T - P/T

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH - Drainfield



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: X Tom Gallimore - K-2 Custom Builders

Improvement Permit by: Wesley Sparks RS date 12/11/95

Existing System Inspection by: Authorization to Construct Wesley Sparks RS date 12/11/95

Installed by: Chuck Kennedy

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS. date 8/19/96

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