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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. 18330 DATE Oct. 25, '94 TAX MAP NO. 2L7030 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Joe Fairlamb Jr. PHONE: Business ______ Home ______

ADDRESS 3715 Enochville Rd, Kannapolis

LOCATION 150 W TL Quiet Cove Rd. on Right

SUBDIVISION Spring Acres BLOCK / SECTION ____ LOT 30 LOT AREA 108' X 190' SITE CLASS. PS per .1957 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB '94 Dellinger Date 5-16-95
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet ______ Linear Feet 200
No Lines 3 Trench Width [redacted] 24" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: gravity DPBPS
Repair System Description: LP DPBPS
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ______
☐ Other ______

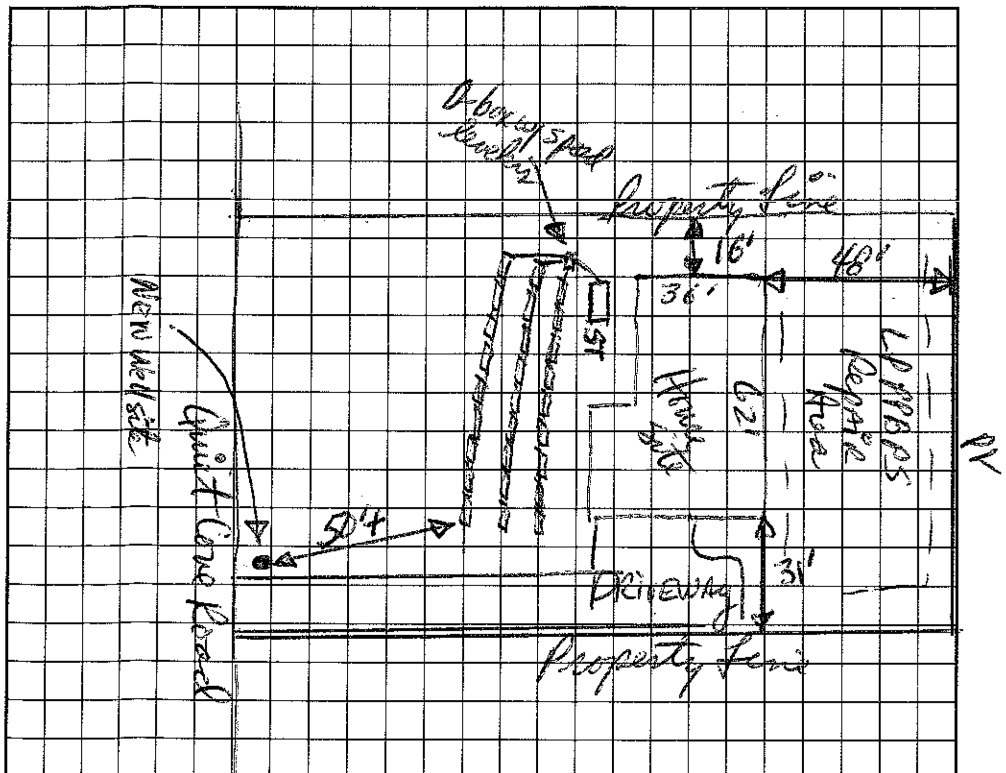
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

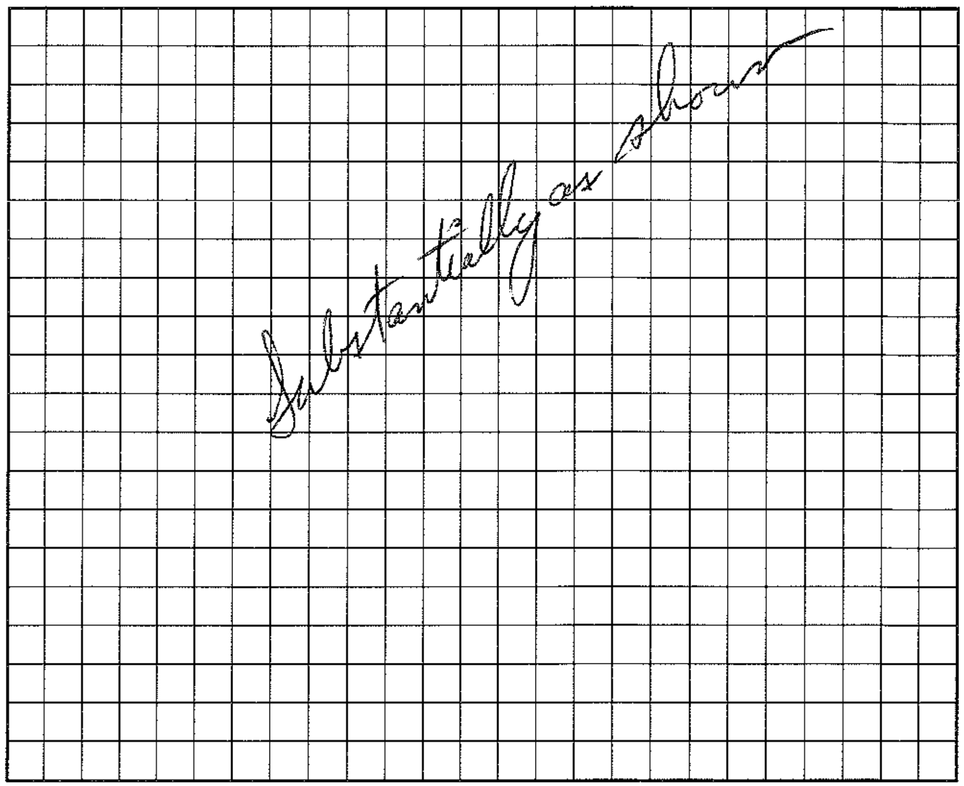
Comments: Follow contours w/ laterals. Problems encountered in obtaining water. This permit reflects owners desire to place next well where shown.

Comments: ______

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 Joe Fairlamb

Improvement Permit by: David R. Hinson, RS date 10/25/94

Existing System Inspection by: ______ date ______

Installed by: H. Erwin

Certificate of Completion by: ______ date ______

Operation Permit by: D. R. Hinson, RS date 7-11-95

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