

IREDELL COUNTY HEALTH DEPARTMENT

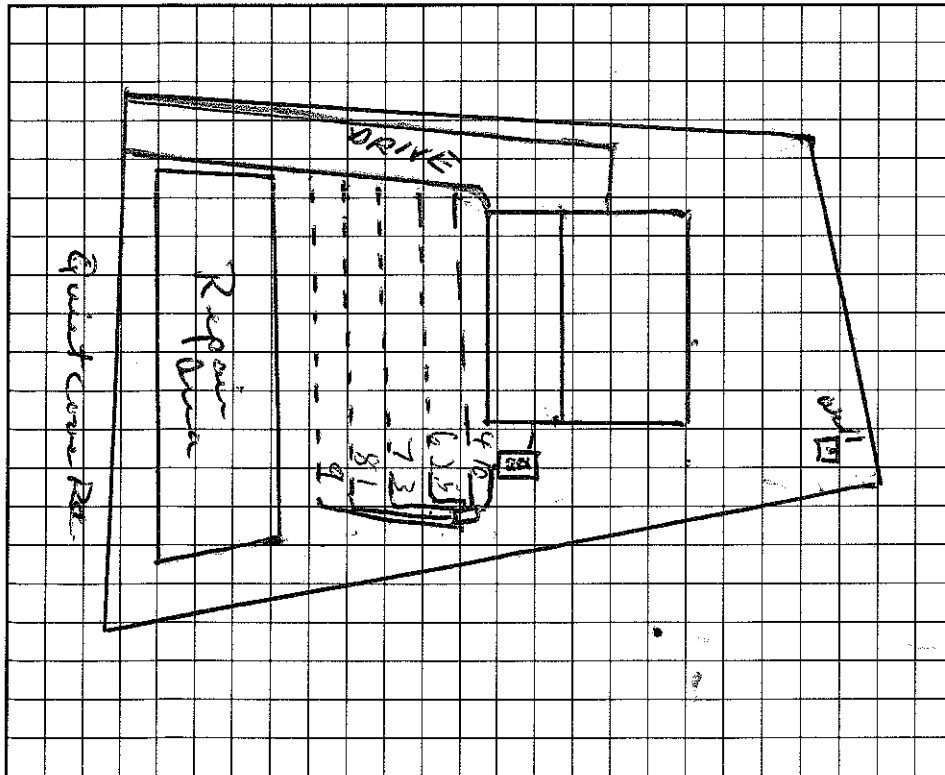
IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 21896 DATE 11/21/95 TAX MAP NO. 2L 70 40 Watershed: ☒ Yes ☐ No
OWNER OR CONTRACTOR Mark Harper PHONE: Business 478-3766 Home _____
ADDRESS 1651 Lakefront Dr. Cetaula, NC. 28609
LOCATION Point Cove Rd. off 150 W
SUBDIVISION Pine Acres BLOCK / SECTION 11 LOT 40 LOT AREA .67 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 3

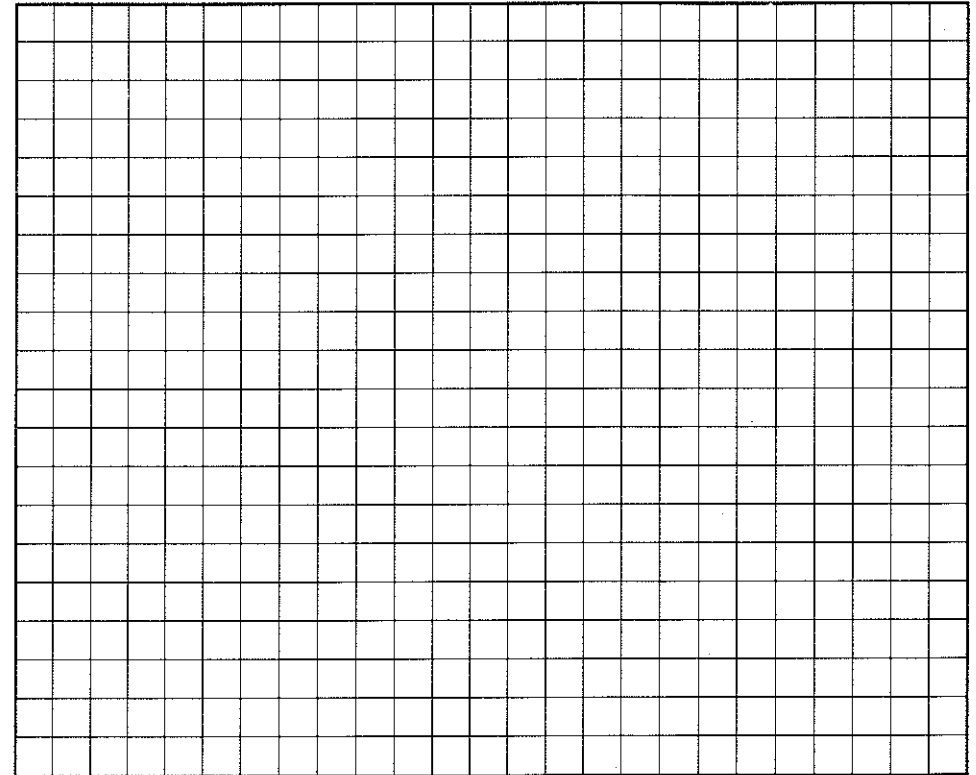
Septic Tank: 1000 Gallons; STB 786 Date 3-16-96 ☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
Pump Tank: _____ Gallons; PT _____ Date _____ System Description: Conv. Dist Box
Pump Make: _____ Model _____ Serial No. _____ Repair System Description: Same
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400 Maintenance Agreement Required: ☐ Yes ☒ No
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments: _____
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.

Signed: Mark Harper Installed by: Kennedy Grading
Improvement Permit by: Wendy Sparks RS date 11/21/95 Certificate of Completion by: _____ date _____
Existing System Inspection by: Wendy Sparks RS date 11/21/95 Operation Permit by: C. Budy Brown EHSP date 5/23/96
HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD