4.0C

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTI

PERMIT# 86709 PIN# ~~4626445913 PT~~ 4626445817 DATE 1/13/00

OWNER OR CONTRACTOR JOHN SPEAR PHONE: Business 636-7954 Home

ADDRESS 607 ANDERSON AVE. SALISBURY NC 28144

LOCATION BRAWLEY SCHOOL - TR SOUTH FORK - TAKE RT FORK - CORNER OF AGNEW AND CHATFIELD COVE

SUBDIVISION CL+T BLOCK / SECTION 8 LOT 63A LOT AREA .93AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .36PD/AC

Septic Tank: 1000 Gallons; STB ~~525~~ Date 6/17/00

Pump Tank: 1000 Gallons; PT ~~3000~~ Date 6/17/00

Pump Make: ZOELLER Model NP-1376 Serial No. 2100

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: PUMP CONVENTIONAL

Repair System Description: PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

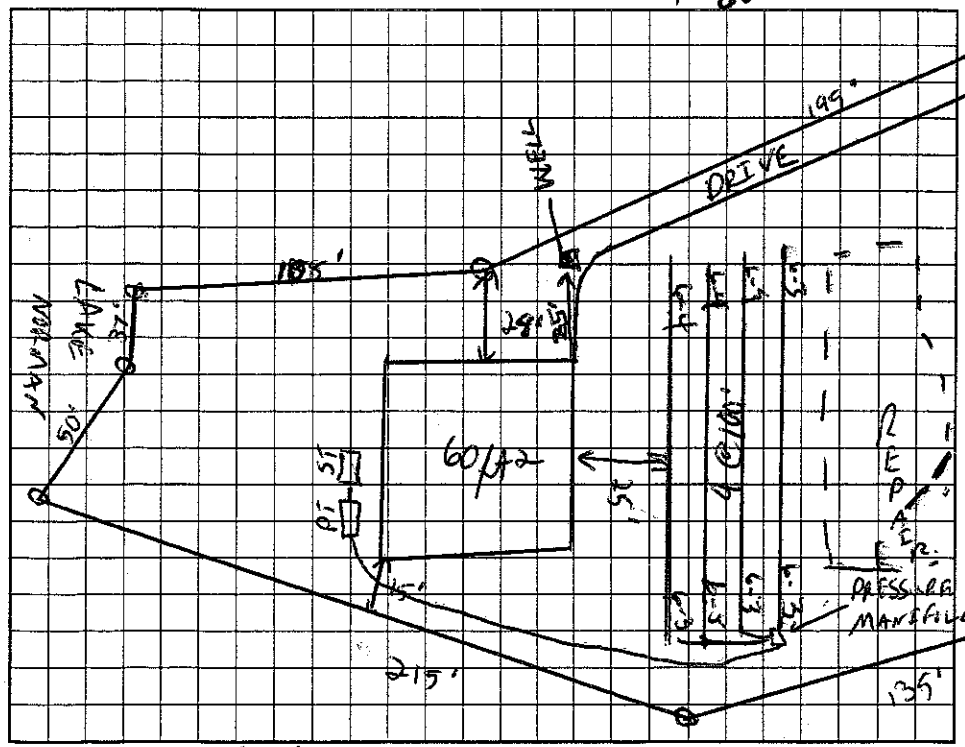
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

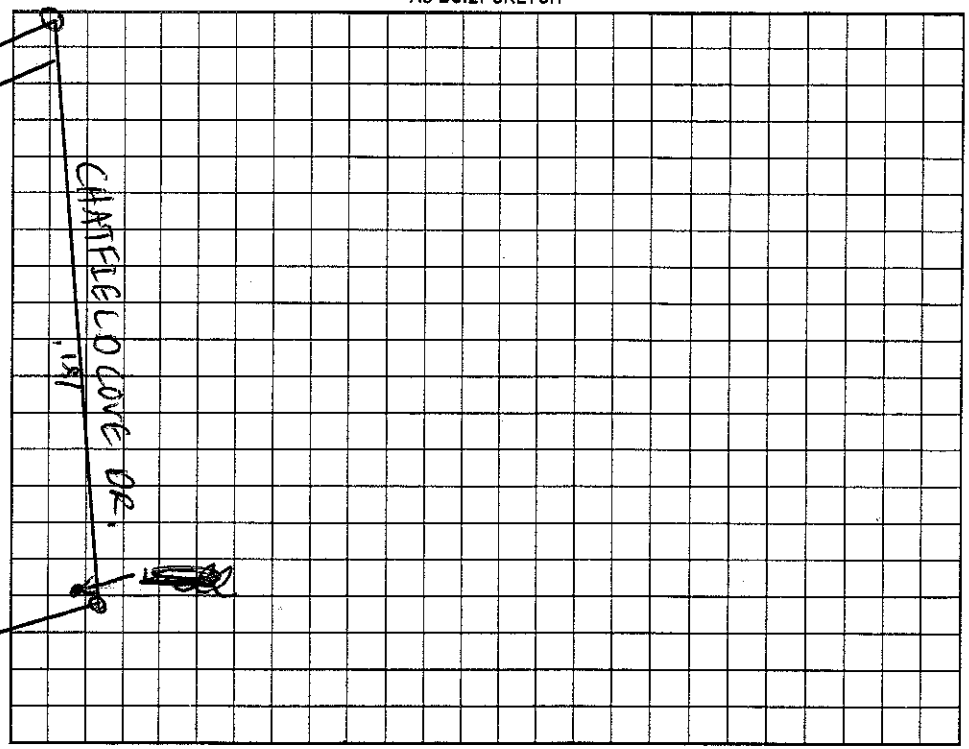
Comments:/Conditions: KEEP WELL EXACTLY WHERE LOCATED. WELL TO BE 50' FROM REPAIR.

Comments:/Conditions: Will put rope on pump.

INITIAL SITE SKETCH 1"=60'



AS BUILT SKETCH



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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 1/14/00

Improvement Permit by: RS date 1/13/00

Authorization to Construct by: RS date 1/13/00

Installed by: Rowan Septic Tank

Operation Permit by: Maria Dotson RS date 8/24/00

Existing System Inspection by: date

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