IREDELL COUNTY HEALTH DEPARTMENT

ST[illegible]SVILLE 704-878-5305 MOORESVILLE 70[illegible]5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONST[illegible]CT / OPERATION PERMIT / EXISTING SYS[illegible]M INSPECTION

PERMIT# 86708 PIN# ~~4626945913~~ PT 4626455011 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 SOUTHFORK - TAKE RT FORK - ~~RT~~ ON LT CORNER OF CHATFIELD COVE

SUBDIVISION CLAT BLOCK / SECTION 8 LOT 63B LOT AREA .93AC SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .3 spd/1#2

Septic Tank: 1000 Gallons; STB 825 Date 6/17/00

Pump Tank: 1000 Gallons; PT 307 Date 6/4/00

Pump Make: ZOELLER Model N-137 Serial No. 6/6/00

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PUMP 25% REDUCTION

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 ____

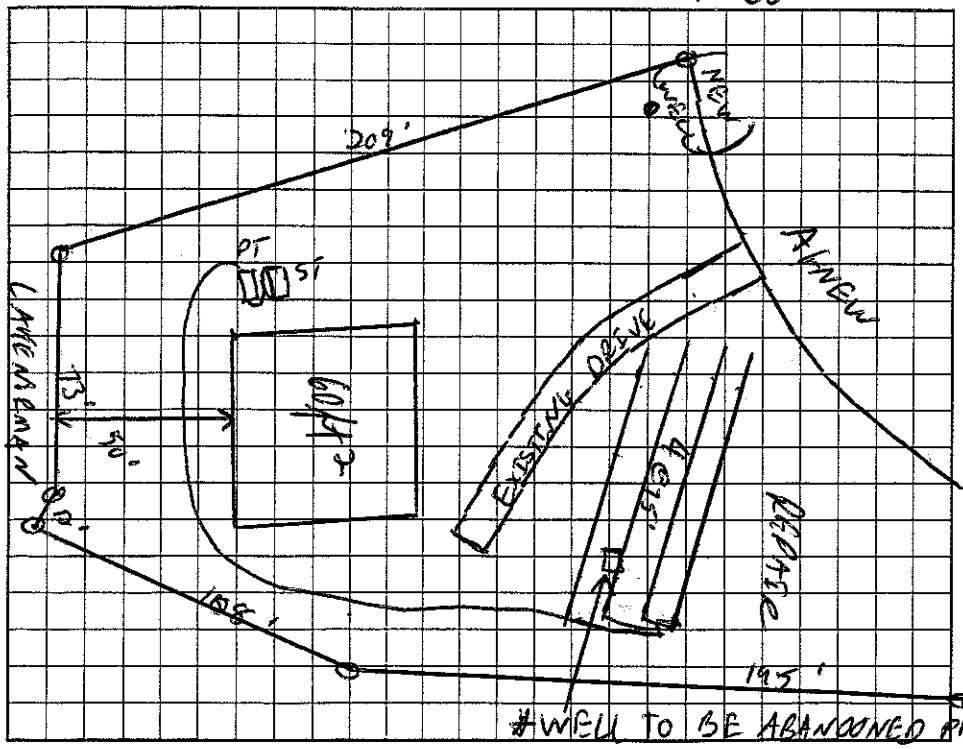
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ ~~Individual~~ ☐ Public ☐ Community

Comments:/Conditions: WELL TO BE ABANDONED PROPERLY BEFORE OPERATIONS PERMIT CAN BE ISSUED. OK

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: [signature] date 1/14/00 Installed by: Rowen Septic Tank

Improvement Permit by: [signature] KS date 1/13/00 Operation Permit by: [signature] RS date 8/24/00

Authorization to Construct by: [signature] KS date 2/10/00 Existing System Inspection by: ____ date ____

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