IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 14303.7 PIN # 4626596493 DATE 2-18-2009

OWNER or APPLICANT SpofNC, LLC / SAME Inc PHONE: Business (704) 202-4964 Home: 704 662-8625

OWNER or APPLICANT ADDRESS 204 E Fisher St. Salisbury, NC 28144

LOCATION / DIRECTIONS Brawley School Rd TR McKendree TR Grass hopper bear left lot on left

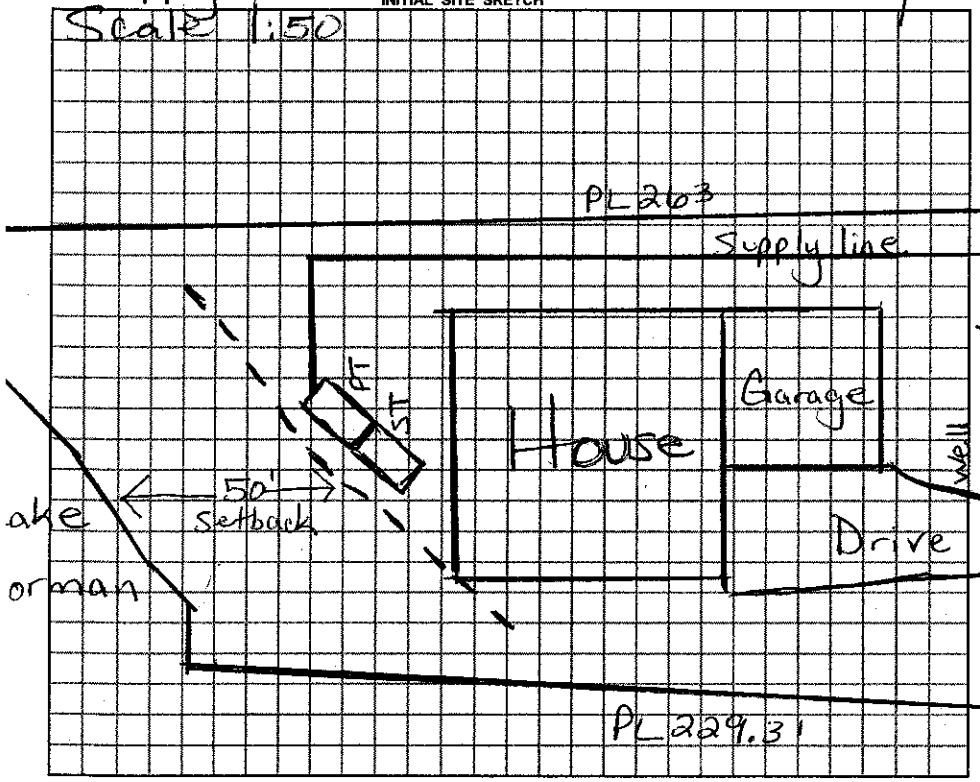
SUBDIVISION Cust T8 Lot 4A-421 BLOCK / SECTION LOT # 2 LOT AREA .702 DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank	1000	Gallons: STB		Date		☒ New System	☐ Repair	☐ Expansion System	Type I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000	Gallons: PT		Date		System Description: Offsite Pump - 25% Reduction				☐ Business	No. Persons	☒ Private
Pump Make		Model		Serial #		Repair System Description: Pump - Panel Blk				☐ Other	No. Employees	☐ Public
Nitrification Field	No Fields 1	No Lines 4	Linear Feet 400'			Maintenance Agreement Required	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE			☒ Basement w/plumbing	☐ Basement w/o plumbing	

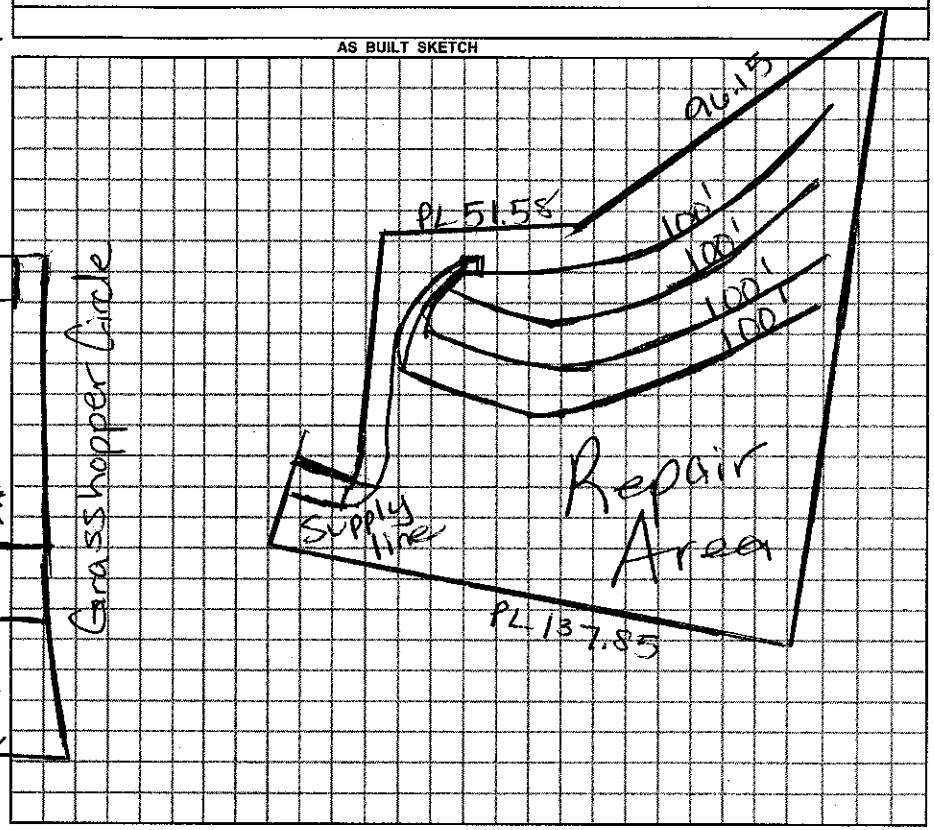
Comments / Conditions: Easement for Offsite Sewage must be recorded prior to issuing Authorization to Construct. Must install supply lines in DOT encroachment as required.

Comments / Conditions: Note: Offsite Easement originally lot #595 The Farms 5.

INITIAL SITE SKETCH



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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Jennifer Ward Date 3/12/09

Improvement Permit by: Mana Kh Edison RS Date 2/18/09

Authorization to Construct by: _____ Date _____

Installed by: _____

Operation Permit by: _____ Date: _____

Existing System Inspected by: _____ Date: _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant