IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 15730 DATE June 3, '93 TAX MAP NO. 266A 145

OWNER OR CONTRACTOR Spear Const. PHONE: Business 636-7954 Home 4635-69-2984

ADDRESS 607 Anderson Ave, Salisbury

LOCATION SR 1100 TL 1112 TL 2nd L 1212 on left

SUBDIVISION Commodore Peninsula BLOCK / SECTION ____ LOT 145 LOT AREA ____ SITE CLASS. 05 L.T.A.R. 13

Water Supply: ☐ Individual ☑ Community ☐ Public

Septic Tank: 1000 Gallons; STB 825 RST Date 4-5-93

Pump Tank: ____ Gallons; PT ____ Date ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 200

No Lines 4 Trench Width 24" Trench Depth ____ Gravel Depth NA

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

System Description: Gravity PPBPS

Repair System Description: GRAV. PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ____

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

Garbage Disposal: ☐ Yes ☑ No

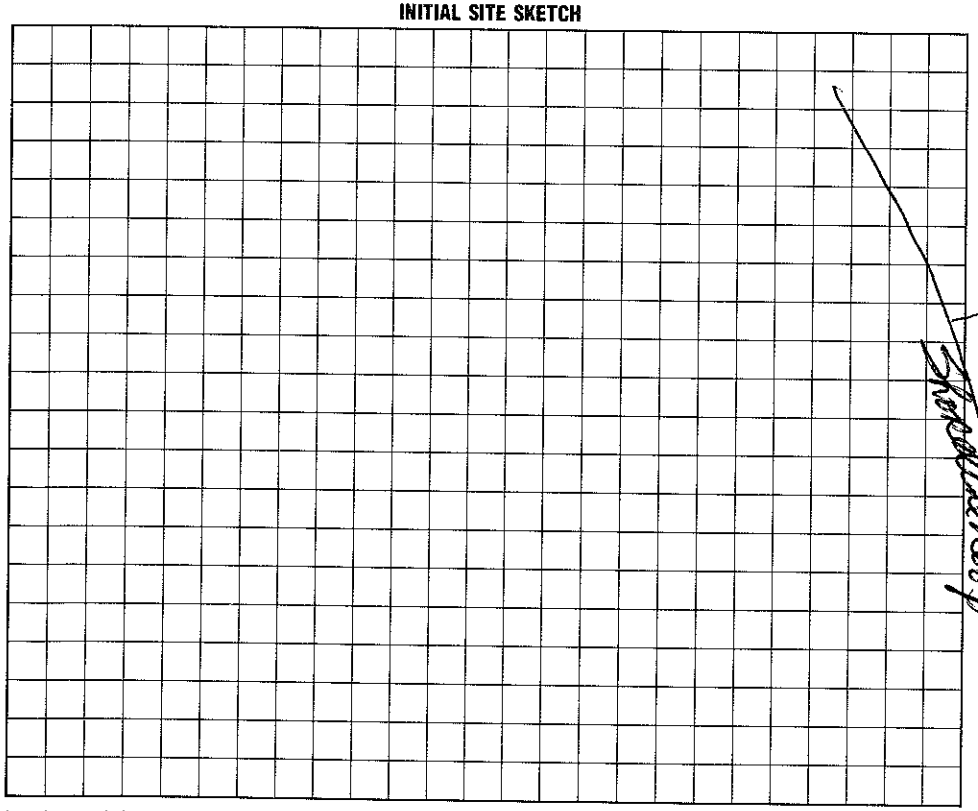
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

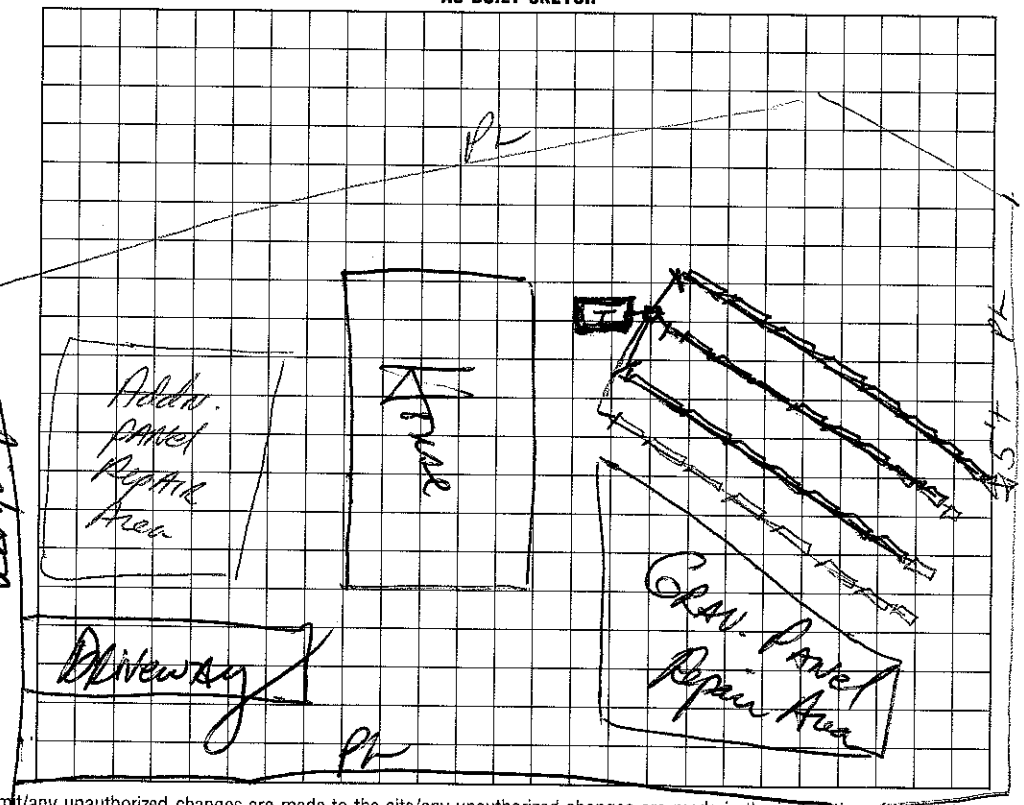
Other ____

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: ____

Improvement Permit by: ____ date ____

Existing System Inspection by: ____ date ____

Installed by: Rowan Septic Tank

Certificate of Completion by: ____ date ____

Operation Permit by: [signature] date 6-3-93

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