IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 0111754 PIN# ~~4656-95-5588.15~~ 4636 95 7724 DATE 6/3/03

OWNER OR CONTRACTOR Spear Const. Co. Inc PHONE: Business 704 636-7954 Home

ADDRESS 607 Andersen Ave. Salisbury NC 28144

LOCATION 85A TL Canvasback, TL 2nd Woodduck up TR Crystal Cir, 3rd on Rt.

SUBDIVISION Woodland Hills BLOCK / SECTION 10 LOT 25 LOT AREA 0.69 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 625 Date 4/16/03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
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: Gravity Conventional
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

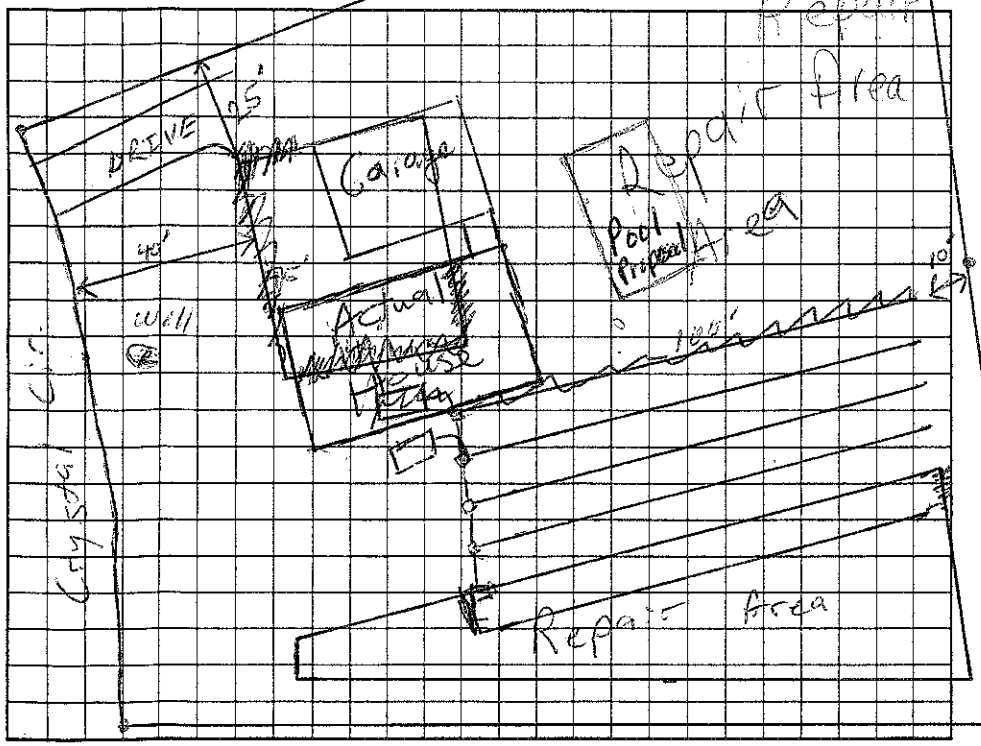
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☒ Community

Comments:/Conditions:

Comments:/Conditions:
Community H2O System not in at time of Construction - Well installed

INITIAL SITE SKETCH



AS BUILT SKETCH

House Location Changed
System Moved
Downhill Slightly
Into Repair Area

Location of the proposed Pool 18'x32' **addition does not appear to impact the existing on-site septic system.**NOTE:** Shall be min. 15' from septic

Andy Mitchell REHS
Date: 5-17-13
ICHD-Environmental Health Division

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: Stanley D. Shoaf date ____ Installed by: R U Van Septic

Improvement Permit by: [signature] RS date 6/3/03 Operation Permit by: [signature] RS date 8/4/03

Authorization to Construct by: [signature] RS date 6/3/03 Existing System Inspection by: ____ date ____

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