IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 16158 DATE JUNE 4 1993 TAX MAP NO. 25-7-A-18

OWNER OR CONTRACTOR SPEARS CONSTRUCTION PHONE: Business 636-7954 Home 4648-08-6147

ADDRESS 607 ANDERSON AVENUE, SALISBURY NC 28144

LOCATION OFF NORTH SIDE OF CORNELIUS ~1/10 MILE WEST OF JUDAS ROAD

SUBDIVISION MILLS FOREST BLOCK / SECTION — LOT 18 LOT AREA 20000SQFT SITE CLASS. P L.T.A.R. 0.3

Water Supply: ☒ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 825 Date 11/14/93

Pump Tank: ____ Gallons; PT ____ Date ____ 400

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet ~~800~~

No Lines ~~4~~ 7 Trench Width 2' Trench Depth 28" ~~Gravel Depth~~ SAND

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

System Description: gravity ~~PRESS~~

Repair System Description: gravity ~~PRESS~~

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

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

Garbage Disposal: ☐ Yes ☒ No

Auto. Dishwasher: ☒ Yes ☐ No

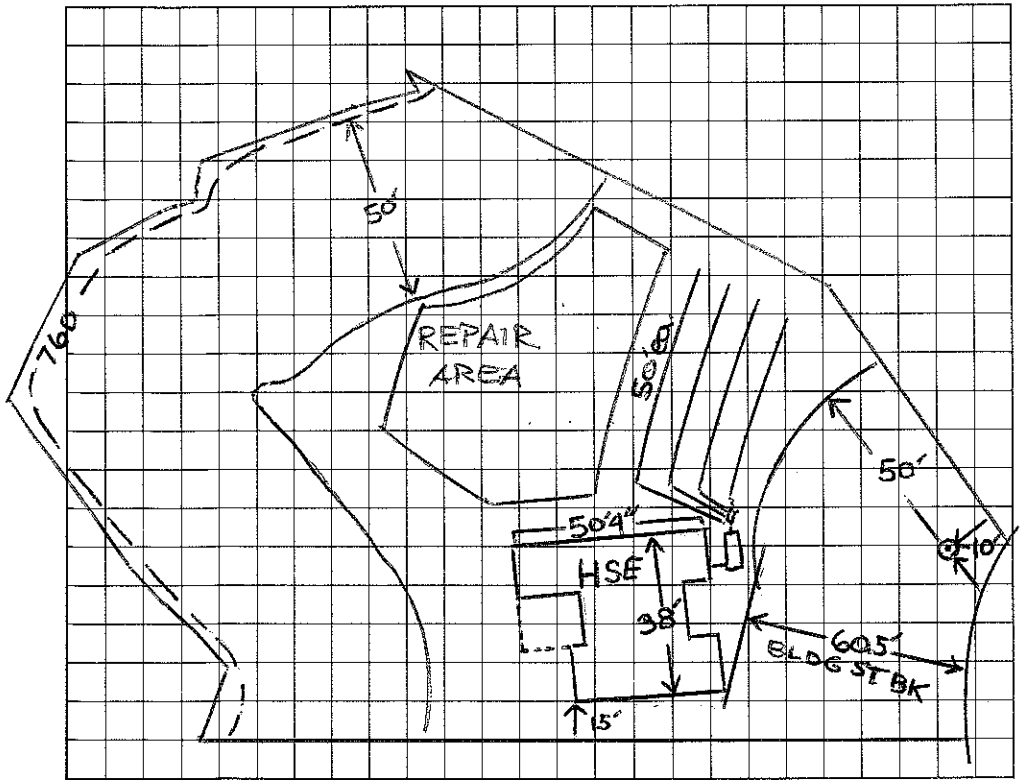
Auto. Washing Machine: ☒ Yes ☐ No

Other ____

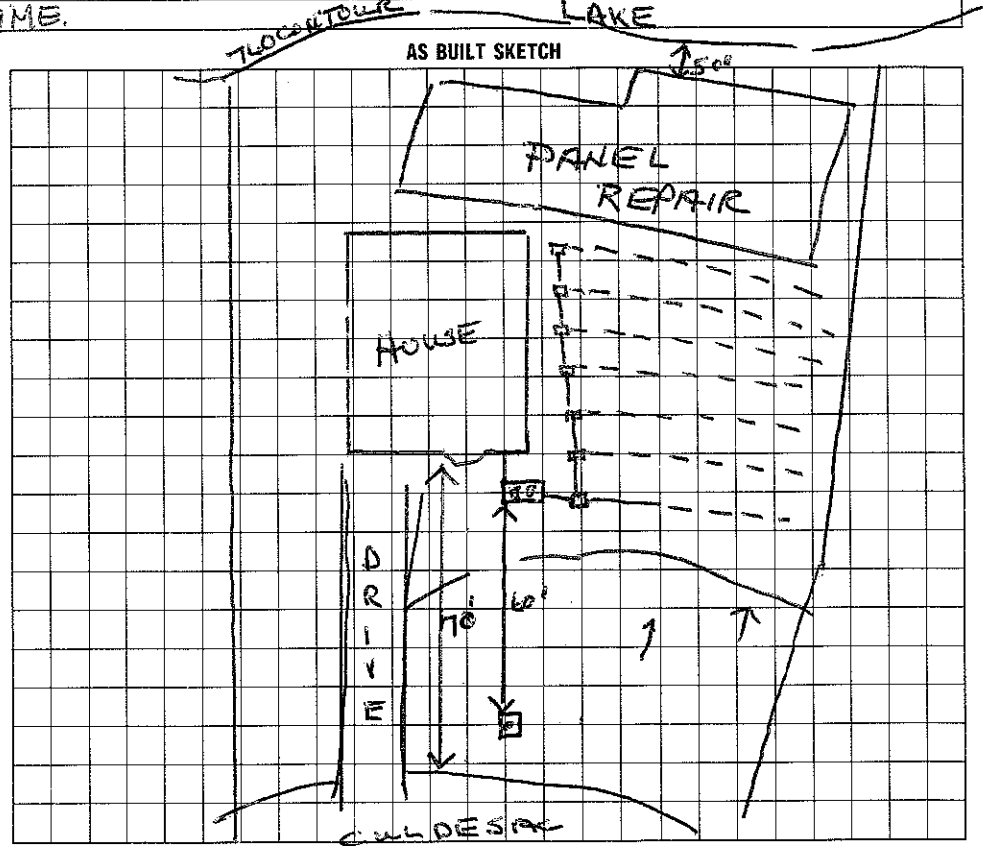
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments DRIVE CANNOT OCCUPY DRAINFIELD AREA. DO NOT INSTALL DURING WET SOIL CONDITIONS OR RAINY WEATHER. DO NOT DISTURB SOIL IN DRAINFIELD AREA. CONTACT DEPT FOR SITE CONSULTATION PRIOR TO INSTALLATION-LANDSCAPING INSTRUCTIONS WILL BE GIVEN AT THAT TIME.

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: X

Improvement Permit by: Andrea Lemon date 6-4-93

Existing System Inspection by: ____ date ____

Installed by: Rowan Septic Tank

Certificate of Completion by: Wesley Sparks RS. date 1/5/94

Operation Permit by: ____ date ____

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