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. 16387 DATE July 20, 1993 TAX MAP NO. 25-7-A-12

OWNER OR CONTRACTOR Spear Construction, Inc. PHONE: Business 636-7954 Home 1

ADDRESS 607 Anderson Avenue, Salisbury NC 28144 4648-08-9673

LOCATION on North side of Cornelius Road ~4/10 mile west of Judas Road

SUBDIVISION Mills Forest BLOCK / SECTION _____ LOT 12 LOT AREA 20,000SqFt SITE CLASS. P L.T.A.R. 0.3

Water Supply: ☒ Individual ☐ Community ☐ Public

Septic Tank: 1050 Gallons; STB 825 Date 1/17/94

Pump Tank: NA Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 or 5 Trench Width 36" Trench Depth 24" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: gravity conv/PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☒ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☒ Yes ☐ No

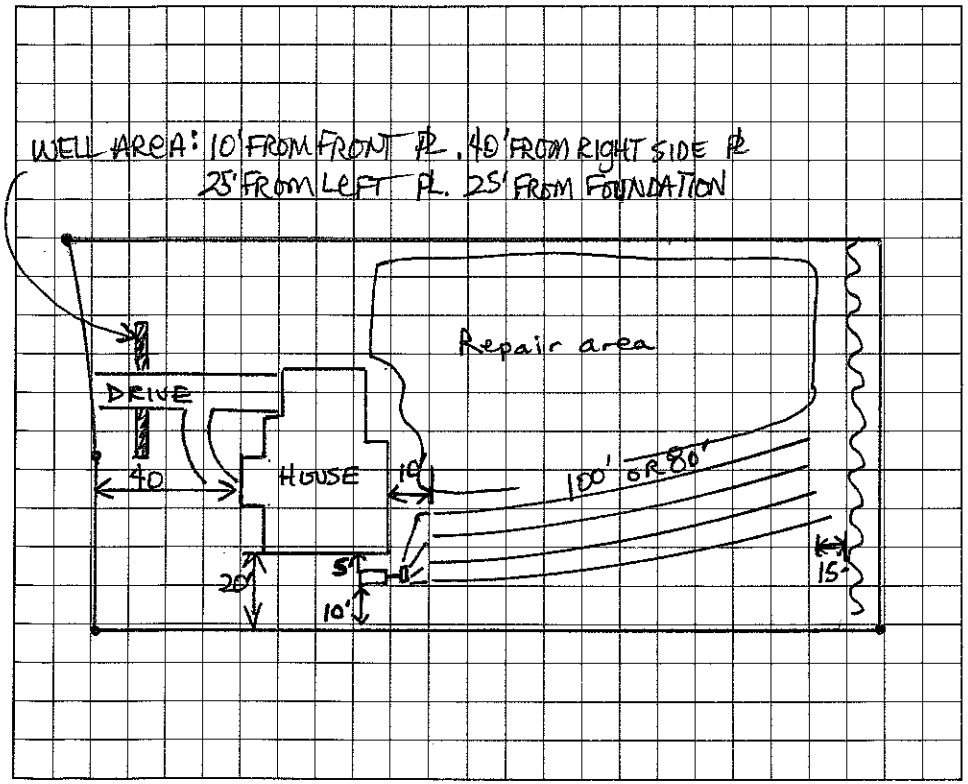
☐ Business No. Employees _____ Auto. Washing Machine: ☒ Yes ☐ No

☐ Other _____ Other _____

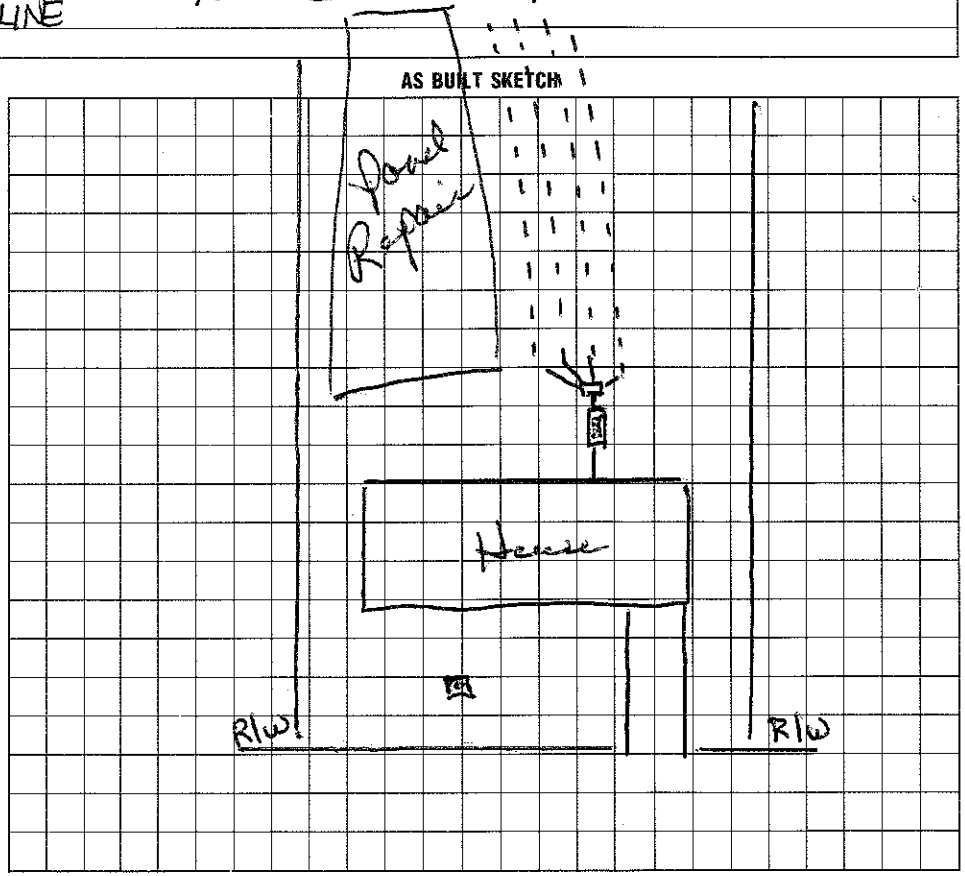
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments MAINTAIN 15' SETBACK TO TOP OF SLOPE AT GULLY ON REAR OF LOT. DO NOT INSTALL DURING WET SOIL CONDITIONS OR RAIN. DIVERT ROOF RUNOFF/SURFACE WATER AWAY FROM SYSTEM. BEGIN 10' FROM REAR OF HOUSE WITH NIT. LINE

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: Andrea Lemon date July 20, 1993

Existing System Inspection by: _____ date _____

Installed by: Roman Septic Tank

Certificate of Completion by: Wesley Sparks R.S. date 4/8/94

Operation Permit by: _____ date _____

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