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. 16393 DATE 3/18/94 TAX MAP NO. 25 7A 29

OWNER OR CONTRACTOR Spear Const. Co. PHONE: Business 704-636 7954 Home 4648-17-4852 Watershed: ☐ Yes ☒ No

ADDRESS 607 Anderson Ave Salisbury, NC. 28144

LOCATION Cornelius Rd, past Mill Forest to 2nd lot on (R) beyond intersection

SUBDIVISION Mills Forest BLOCK / SECTION 1 LOT 29 LOT AREA .56 Ac SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 2/24/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 450

No Lines 5 Trench Width 3 Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: DROP BOX - CONV

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees ____

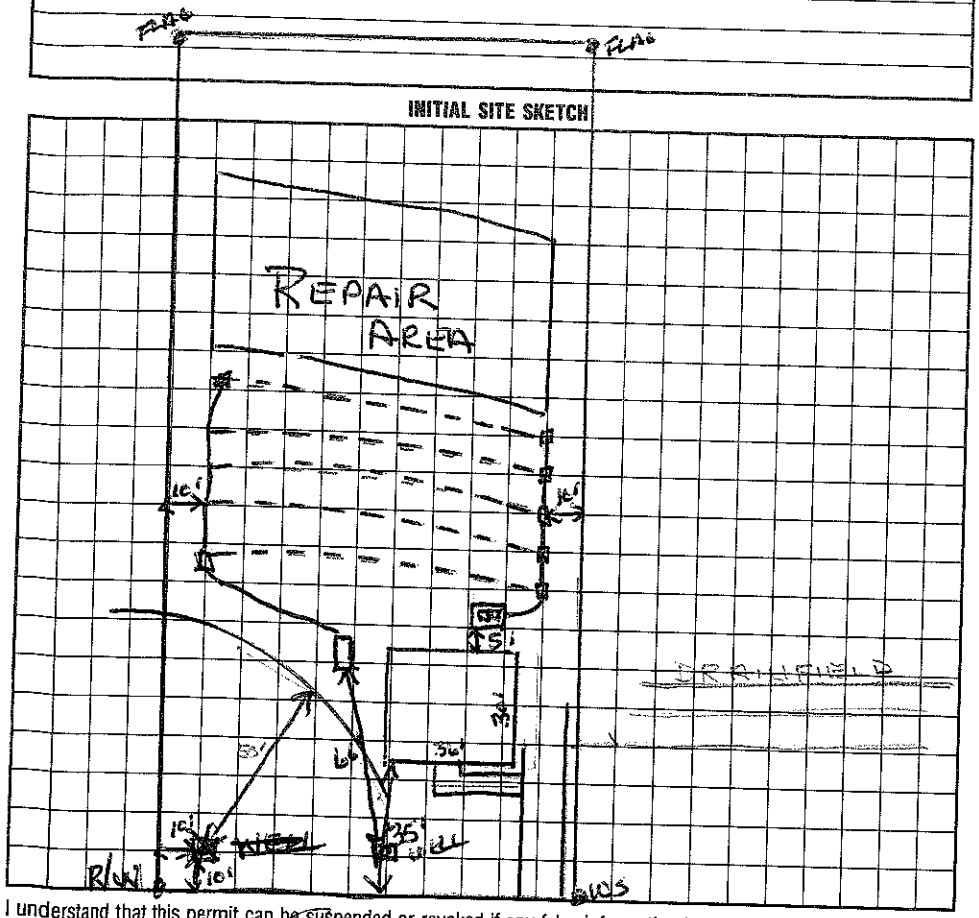
☐ Other _____

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

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

INITIAL SITE SKETCH



Comments:

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: _____ CORNELIUS RD.

Improvement Permit by: Wesley Sparks R.S. date 3/18/94

Existing System Inspection by: _____ date _____

Installed by: Rowan Septic Tank

Certificate of Completion by: Wesley Sparks R.S. date 4/27/94

Operation Permit by: _____ date _____

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