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. ~~1688~~ 16386 DATE July 8, 1993 TAX MAP NO. 25-7-A-11

OWNER OR CONTRACTOR Spear Construction Inc. PHONE: Business 704 636 7954 ~~Home~~ 4648-18-0683

ADDRESS ~~16386 XXX 607 XXXXXXXXXXXXXXXX~~ 607 ANDERSON AVENUE, SALISBURY NC 28144

LOCATION on North side of Cornelius Rd N 4/10 mile West of Judas Road

SUBDIVISION MILLS FOREST BLOCK / SECTION ____ LOT 11 LOT AREA 20,000 SITE CLASS. P L.T.A.R. 0.35

Water Supply: [X] Individual [ ] Community [ ] Public

Septic Tank: 1000 Gallons; STB 825 Date 9/1/93 375 ~~1000~~

Pump Tank: ____ Gallons; PT ____ Date ____

Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet ____

No Lines 5 Trench Width 36" Trench Depth 20-24" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, II, IV, V, VI

System Description: gravity conventional

Repair System Description: panel

Maintenance Agreement Required: [X] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3 Garbage Disposal: [ ] Yes [X] No

[ ] Mobile Home No. Bathrooms 2 Auto. Dishwasher: [X] Yes [ ] No

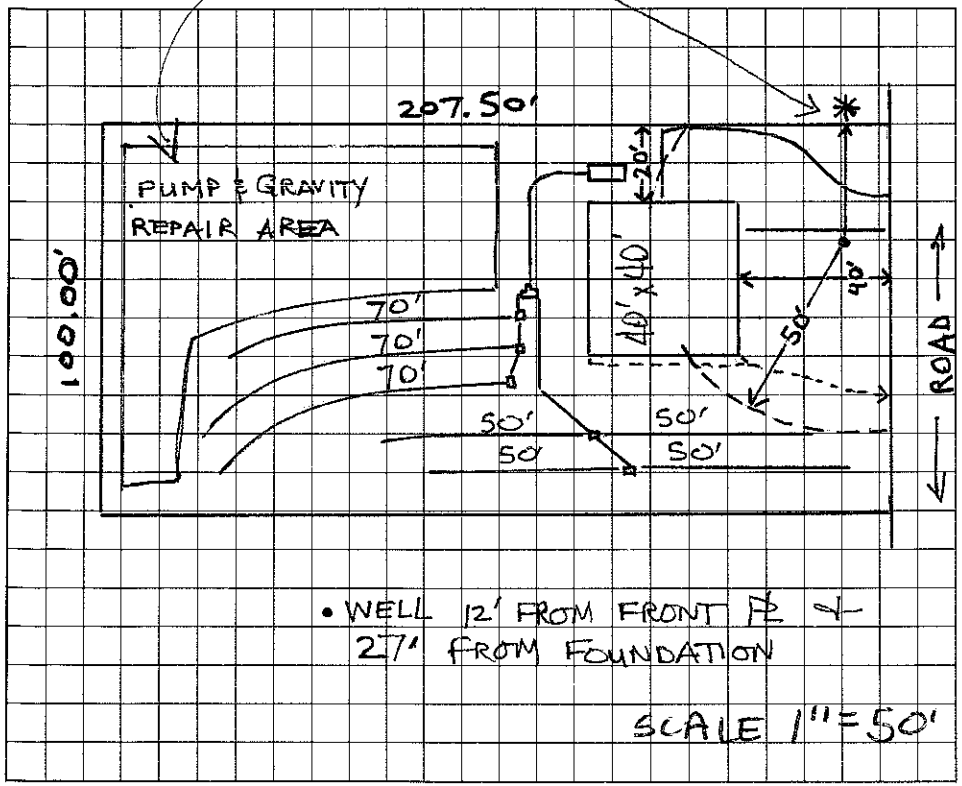
[ ] Business No. Employees ____ Auto. Washing Machine: [X] Yes [ ] No

[ ] Other ____ Other ____

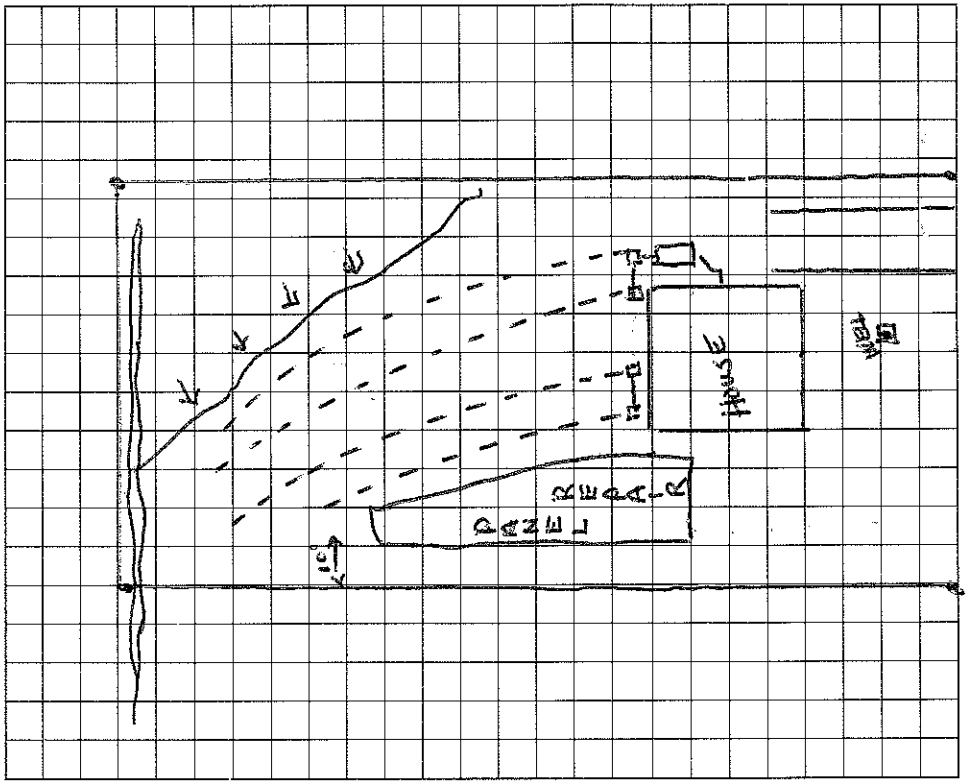
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Comments *DRIVE MAY BEGIN 13' TO 18' FROM SIDE PL — WELL MAY BE FROM 25' TO MAXIMUM OF 30' FROM SIDE PL. DO NOT INSTALL DURING WET SOIL CONDITIONS OR RAIN. DIVERT ROOF RUNOFF TO ROAD DITCH, AWAY FROM SYSTEM.

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 [signature]

Improvement Permit by: Andrea Lemon date 7-8-93

Existing System Inspection by: ____ date ____

Installed by: Rowan Septic Tank

Certificate of Completion by: Wesley Sparks R.S. date 10/25/93

Operation Permit by: ____ date ____

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