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. 16156 DATE 3/15/94 TAX MAP NO. 25-7-A-26 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Spear Const. Co. PHONE: Business ~~Home~~ 4648-18-1220

ADDRESS Salisbury, NC.

LOCATION Cornelius Rd, past Judas Rd. TR to first cul de sac on D at end

SUBDIVISION Mills Forest BLOCK / SECTION 1 LOT 26 LOT AREA .7 AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: _____ Gallons; STB 825 Date 12/17/93

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 6 Aug Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: COND - DROP BOXES

Repair System Description: 16" ANGEL

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

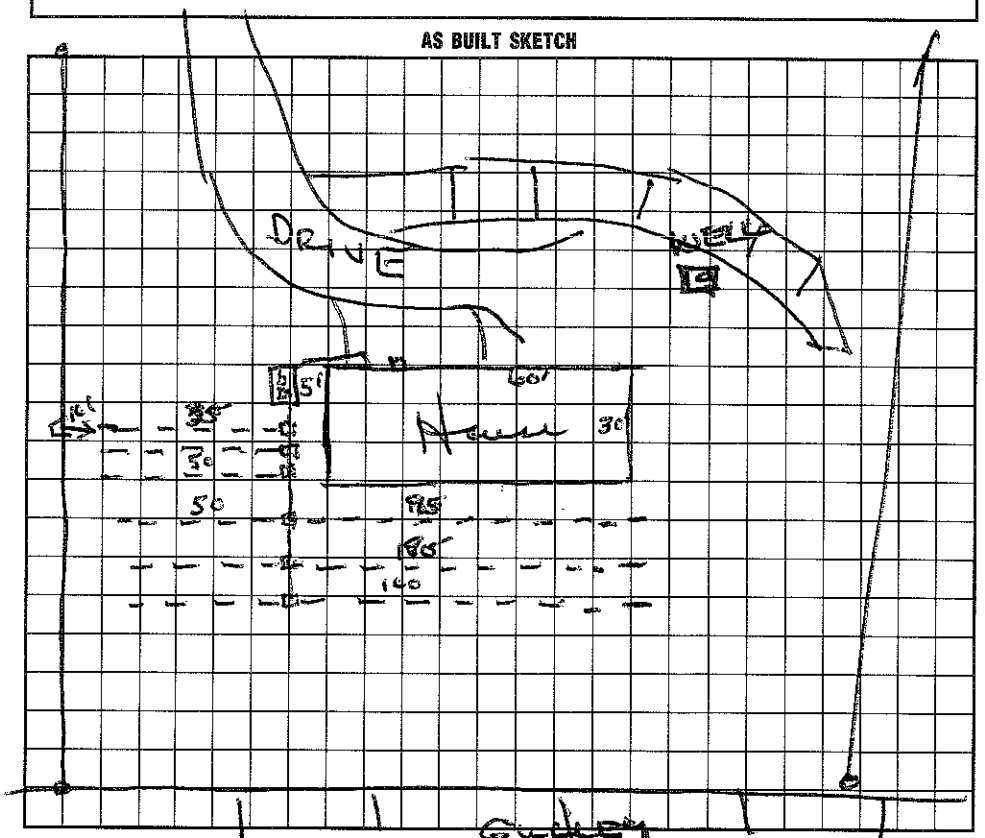
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

Comments: Installed essentially as drawn.

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: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: Rowan Septic Tank

Certificate of Completion by: Wesley Sparks R.S. date 3/15/94

Operation Permit by: _____ date _____

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