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. 16388 DATE July 30, 1993 TAX MAP NO. 25-7-A-23

OWNER OR CONTRACTOR Spear Construction Inc. PHONE: Business 704 636 7954 Home 704878-1349

ADDRESS 607 Anderson Ave, Salisbury NC 28144

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

SUBDIVISION MILLS FOREST BLOCK / SECTION _____ LOT 23 LOT AREA 20900 sqft SITE CLASS. P L.T.A.R. 0.3

Water Supply: ☒ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 825 Date 11/12/93

Pump Tank: _____ Gallons; PT _____ Date _____

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

No Lines 4 Trench Width 36" Trench Depth 22"&12" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: gravity 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

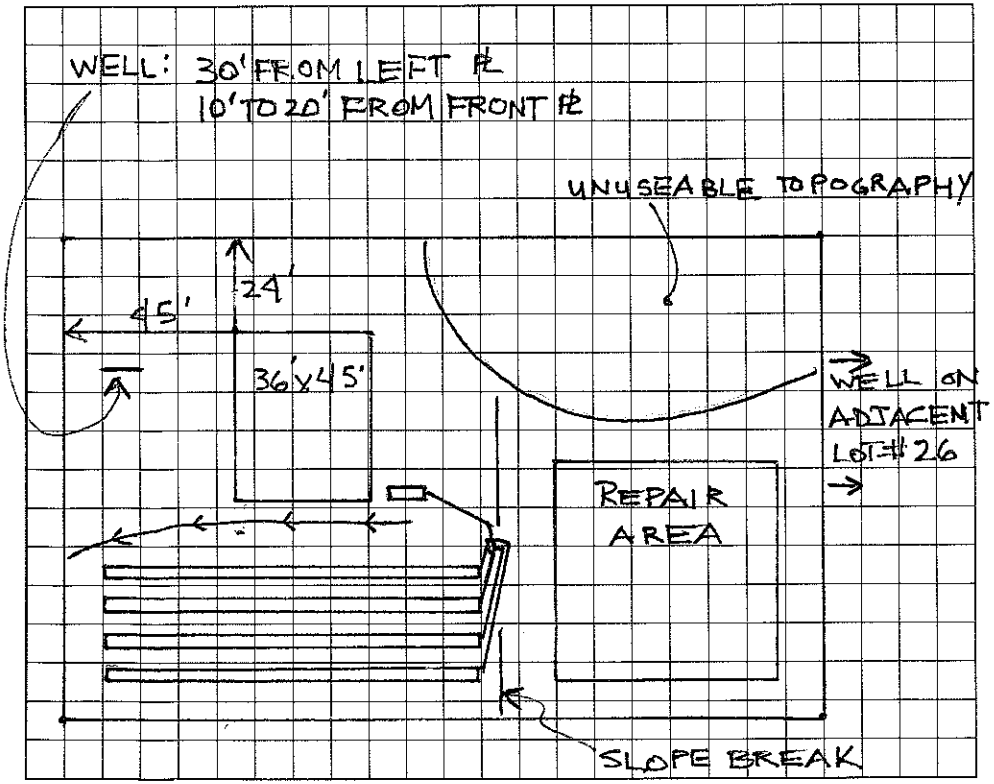
☐ Business No. Employees _____ Auto. Washing Machine: ☒ Yes ☐ No

☐ Other _____ Other _____

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

Comments Do not install during wet soil conditions or rain. Upslope diversion ditch for surface + roof water runoff (←) may consist of shallow swale if effective. May set d.box to feed sets of laterals 1+3, 2+4. Contact dept if any questions on layout.

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: _____ 8-10-93

Improvement Permit by: Andrea Lemon date 7-30-93

Existing System Inspection by: _____ date _____

Installed by: Rowan Septic Tank

Certificate of Completion by: Wesley Sparks RS date 2/21/94

Operation Permit by: _____ date _____

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