# 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. 16389 DATE July 8 1993 TAX MAP NO. 25-7-A-24

OWNER OR CONTRACTOR Spear Construction Inc. PHONE: Business 704 636 7954 ~~Home~~ 464-18-2470

ADDRESS 607 Anderson Avenue, Salisbury NC 28144

LOCATION on north side of Cornelius road 1/4 mile west of Judas road

SUBDIVISION Mills Forest BLOCK / SECTION _____ LOT 24 LOT AREA 30,000 SITE CLASS. P L.T.A.R. 0.3

Water Supply: ☒ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 825 Date ✓

Pump Tank: _____ Gallons; PT _____ Date _____

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

No Lines 3 Trench Width 36" Trench Depth 20-24" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: gravity panel

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

Garbage Disposal: ☐ Yes ☒ No

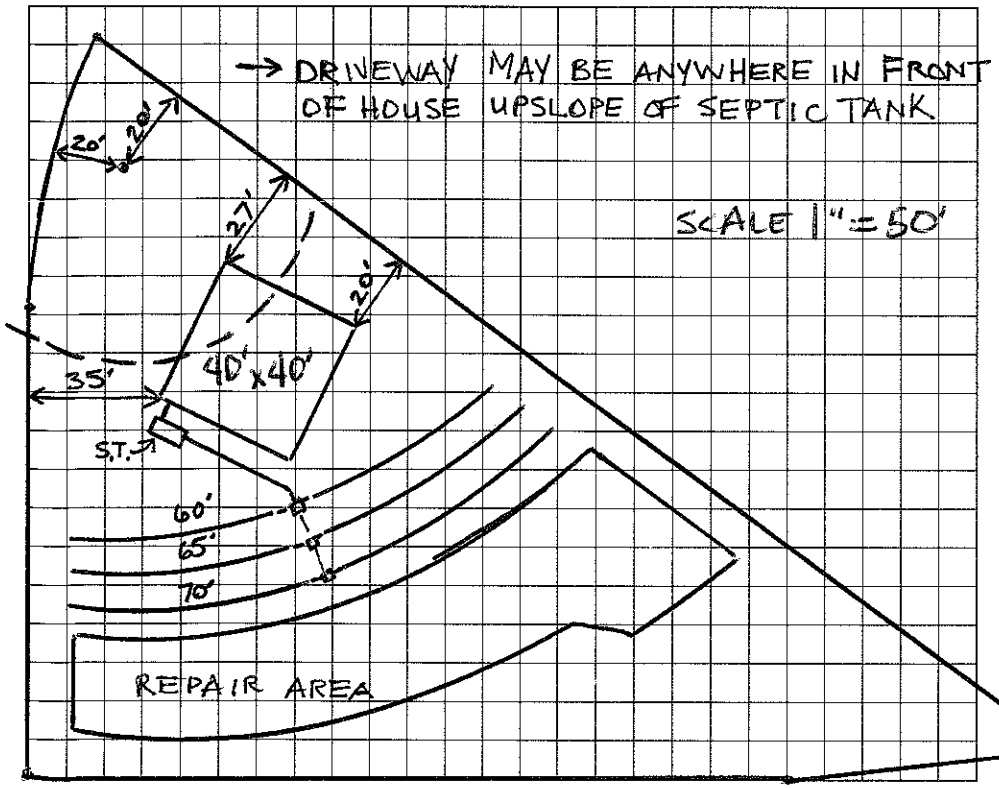
Auto. Dishwasher: ☒ Yes ☐ No

Auto. Washing Machine: ☒ Yes ☐ No

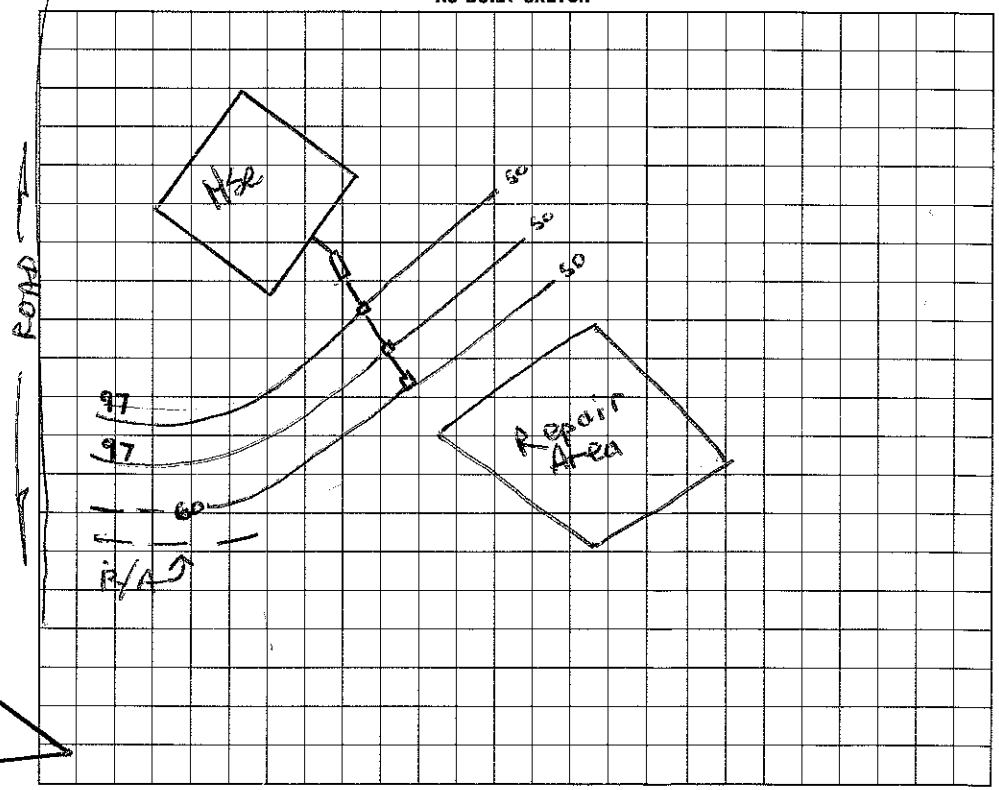
Other _____

Comments Do not install during wet soil conditions or rain. Contact dept before installing system for consultative visit. Divert roof runoff away from system to front ditch.

**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 7-8-93

Existing System Inspection by: _____ date _____

Installed by: Rowan Septic Tank

Certificate of Completion by: Andrea Lemon date 9-14-93

Operation Permit by: _____ date _____

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