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. 16391 DATE July 28, 1993 TAX MAP NO. 25-7-A-27

OWNER OR CONTRACTOR SPEAR CONSTRUCTION INC. PHONE: Business 704 636 7954 Home 4648-78-3179

ADDRESS 607 ANDERSON AVENUE, SALISBURY NC 28144

LOCATION ON North SIDE OF CORNELIUS RD .4/10 MI. IN OF JUDAS RD, 3RD LOT ON LEFT

SUBDIVISION MILLS FOREST BLOCK / SECTION ____ LOT 27 LOT AREA 20,000 SQ FT SITE CLASS. P L.T.A.R. 0.3

Water Supply: ☒ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 825 Date 8-1-93

Pump Tank: ____ Gallons; PT ____ Date ____

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

No Lines 5 10 Trench Width 36" Trench Depth 24" MAX Gravel Depth 12"

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

System Description: gravity conventional "

Repair System Description: ____

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

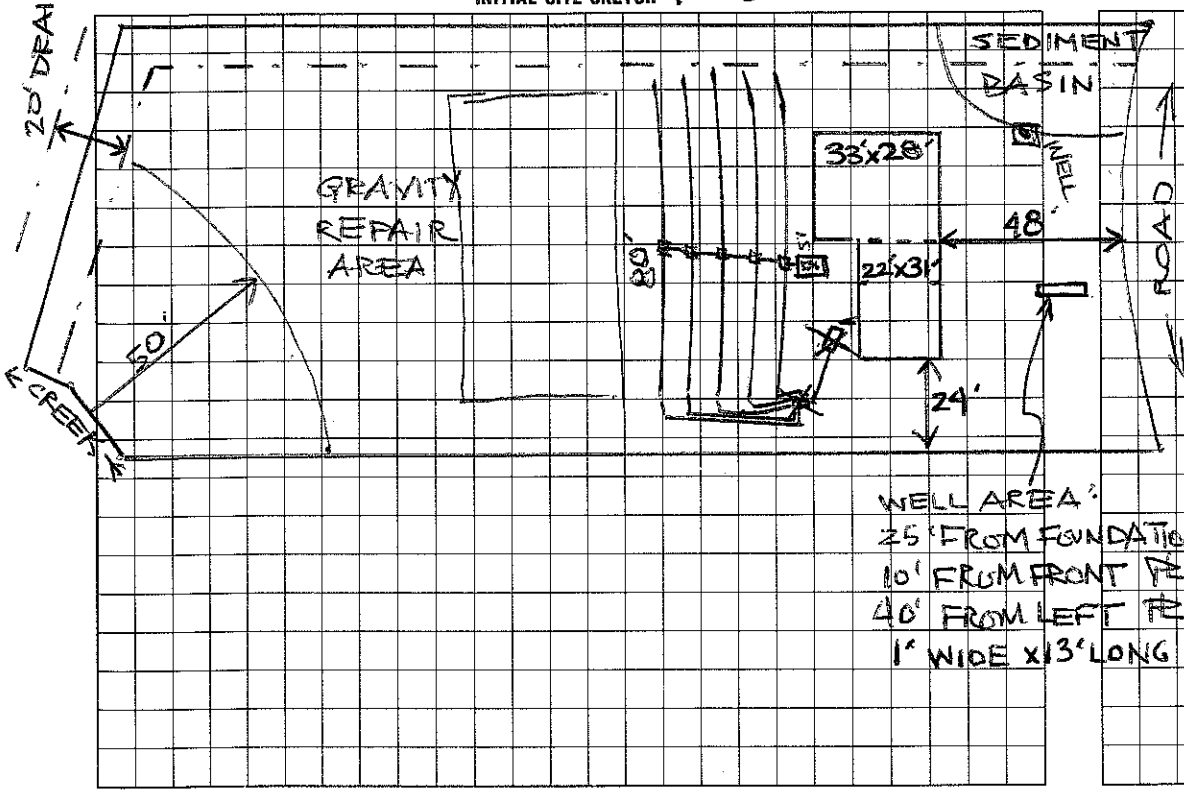
Auto. Dishwasher: ☒ Yes ☐ No

Auto. Washing Machine: ☒ Yes ☐ No

Other ____

Comments DO not install during wet soil conditions or rain. upslope diversion ditch + roofs runoff necessary. May feed lines like 1+3+5, 2+4- staggered. use speed levelers in box. Contact dept if questions about layout. Install on overall contour through small "humps".

INITIAL SITE SKETCH 1" = 50'



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 7-28-93

Existing System Inspection by: ____ date ____

Installed by: Rowan Septic Tank

Certificate of Completion by: Wesley Sparks RS. date 10/11/93

Operation Permit by: ____ date ____

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