IREDELL COUNTY HEALTH DEPARTMENT

...SVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 16384 DATE JULY 28, 1993 TAX MAP NO. 25-7-A-8

OWNER OR CONTRACTOR SPEAR CONSTRUCTION INC. PHONE: Business 704 636-7954 Home 4648-18-3671

ADDRESS 607 ANDERSON AVENUE SALISBURY NC 28144

LOCATION ON N/S OF CORNELIUS ROAD ~4/10 MILE WEST OF JUDAS ROAD, ON RT AFTER FIRST CURVE IN ROAD

SUBDIVISION MILLS FOREST BLOCK / SECTION ____ LOT 8 LOT AREA 20,000SQFT SITE CLASS. P L.T.A.R. .53

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 825 Date 10/7/93

Pump Tank: ____ Gallons; PT ____ Date ____

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

No Lines ____ Trench Width 36" Trench Depth 20" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: gravity conv.

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

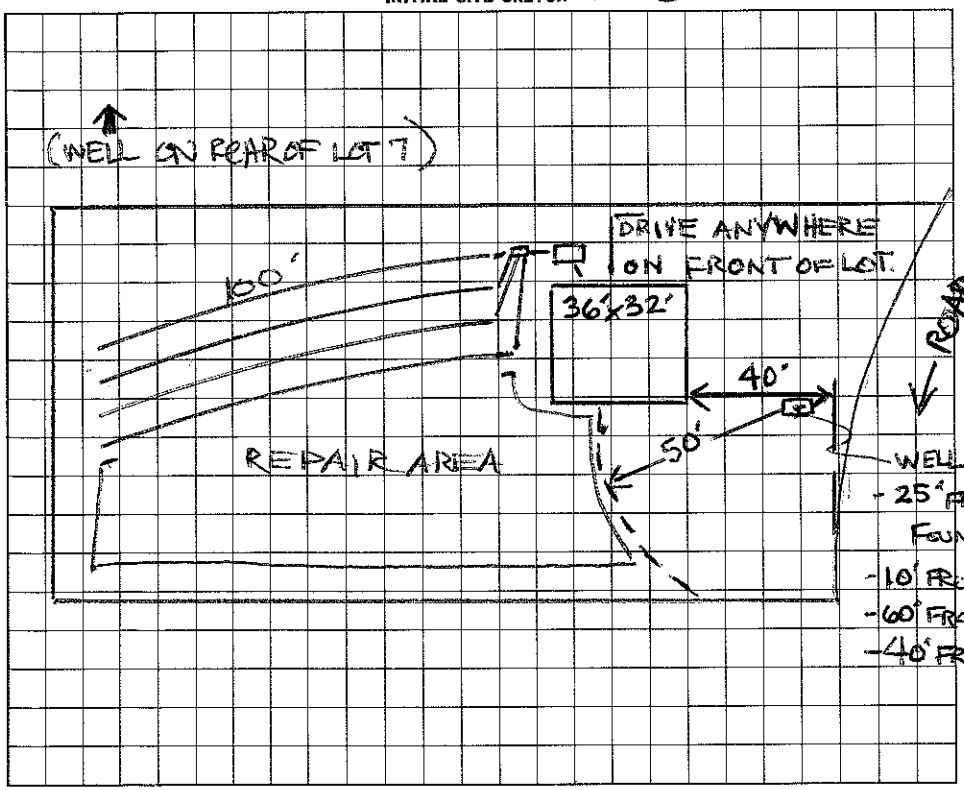
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other ____

Comments DO NOT INSTALL DURING WET SOIL CONDITIONS OR RAIN. INSTALL ON CONTOUR, USE SPEED LEVELERS IN D. BOX. SURFACE WATER DIVERSION DITCH PROBABLY WILL BE NECESSARY, OUTLET TO FRONT OR REAR.

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 Co.

Certificate of Completion by: Wesley Sparks date 11/15/93

Operation Permit by: ____ date ____

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