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. 16383 DATE JULY 1, 1993 TAX MAP NO. 25-7-A-7

OWNER OR CONTRACTOR SPEAR CONSTRUCTION INC. PHONE: Business 704 636 7954 Home 4648-18-4692

ADDRESS 607 ANDERSON AVENUE, SALISBURY, N.C. 28144

LOCATION ON NORTH SIDE OF CORNELIUS RD ~4/10 MILE WEST of JUDAS RD

SUBDIVISION MILLS FOREST BLOCK / SECTION _____ LOT 7 LOT AREA 20,000 SITE CLASS. P L.T.A.R. 0.3

Water Supply: ☒ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 825 Date 7-20-93

Pump Tank: _____ Gallons; PT _____ Date _____

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

No Lines 4 Trench Width 36" Trench Depth 24" Gravel Depth 12"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: PUMP 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

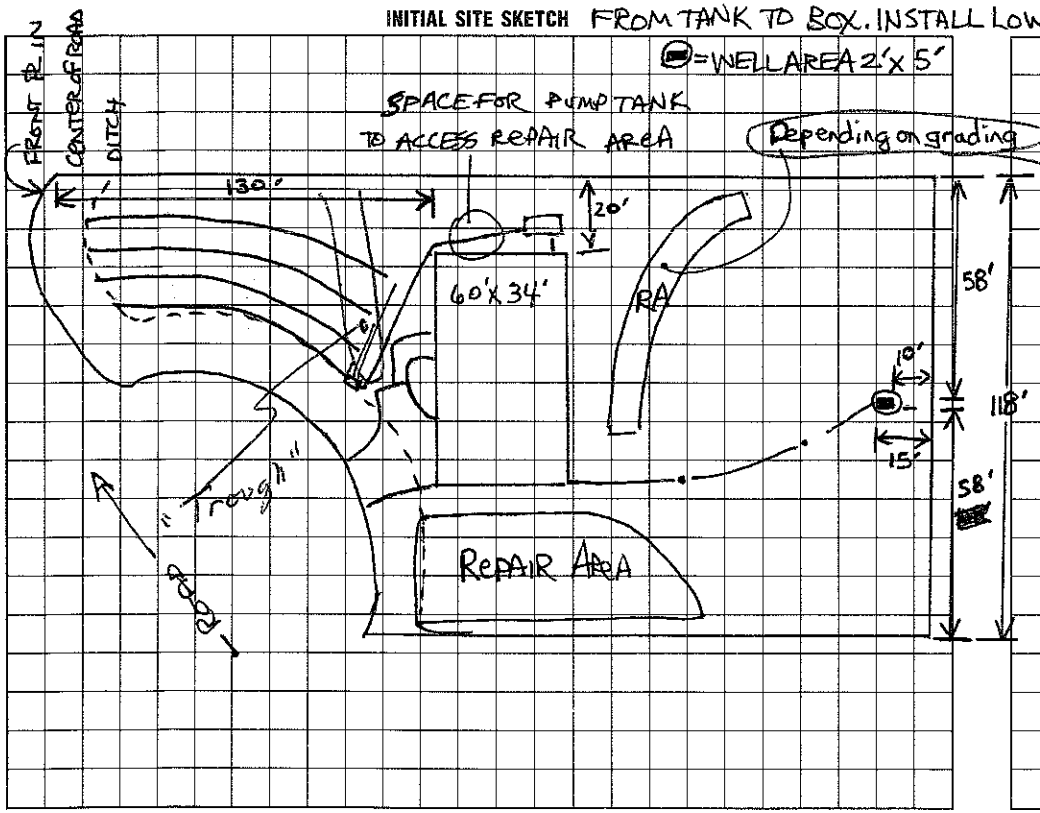
☐ Business No. Employees _____ Auto. Washing Machine: ☒ Yes ☐ No

☐ Other _____ Other _____

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

Comments DO NOT INSTALL DURING WETSOIL CONDITIONS OR RAIN. CALL DEPT TO CONFIRM HOUSE PLACEMENT AFTER HSE IS LINED OFF & BEFORE FOOTING IS DUG. INSTALL WATER LINES AS DIAGRAMMED. D BOX MAY BE REPLACED BY DROPBOXES IF LINES WILL NOT BE OF EQUAL LENGTH. AREA AROUND FOUNDATION MUST BE FILLED & COMPACTED TO PREVENT SETTLING & SUPPORT FALLOUT PIPE FROM TANK TO BOX. INSTALL LOWEST LATERAL FIRST SET TANK

INITIAL SITE SKETCH



AS BUILT SKETCH AFTER LINES ARE IN.

8/31/93 This additional repair area not available due to grading. "Trough" area in front yard filled upon installation

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 7-1-93

Existing System Inspection by: _____ date _____

Installed by: Rowan Septic Tank

Certificate of Completion by: Wesley Sparks RS. date 8/24/93

Operation Permit by: _____ date _____

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