IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 TYPE 3

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

PROPERTY DESCRIPTION NO. 16379 DATE 12/8/93 TAX MAP NO. 25 7A 1 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR SPEAR CONST CO. (MILLS FOREST) PHONE: Business Home 636-7954

ADDRESS 607 ANDERSON AVE. SALISBURY, NC 28144 4648-18-6185

LOCATION CORNELIUS RD. TR INTO MILLS FOREST 1ST LOT ON (R)

SUBDIVISION MILLS FOREST BLOCK / SECTION LOT 1 LOT AREA 2.46 AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 825 Date 11/1/93

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Linear Feet 210 ✱

No Lines 3 Trench Width 2' Max Trench Bottom Depth 28" ~~Gravel~~ SAND Depth 6" UNDER

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

System Description: 16" PANEL - DIST. BOX

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

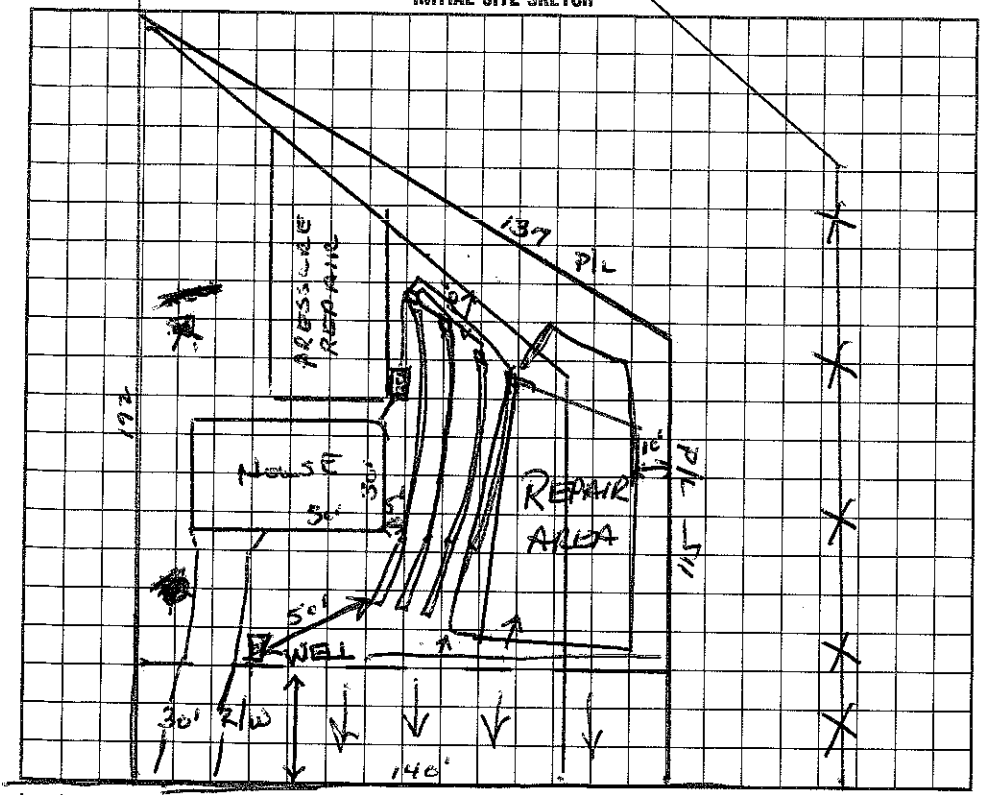
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: TRENCH DEPTH 28" ON CONTOUR IN DIRECTION SHOWN

Comments: TYPE 3

INITIAL SITE SKETCH



AS BUILT SKETCH

The proposed / existing DECK ADDITION addition does not appear to impact the existing septic system.

**NOTE:

Wesley Sparks R.S.

Date: 7/6/09

ICHD-Environmental Health Division

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. MILLS FOREST RD.

Signed:

Improvement Permit by: Wesley Sparks R.S. date 12/8/93

Existing System Inspection by: date

Installed by: Rowan Septic Tank

Certificate of Completion by: Wesley Sparks R.S. date 1/3/94

Operation Permit by: date

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