# 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. 15110 DATE 9-9-92 TAX MAP NO. 2L847 / 4648-32-0550 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Spear Construction Inc. PHONE: Business 910-636-7954 Home

ADDRESS 607 Anderson Avenue Salisbury NC 28144

LOCATION 1100 TR Blume Rd then left immediately onto Beechtree Rd 1/10-1/4 mile on left

SUBDIVISION Beechtree Forest BLOCK / SECTION LOT 7 LOT AREA .733Ac SITE CLASS. P DESIGN FLOW 360 L.T.A.R. 0.3-0.4

Septic Tank: 1000 Gallons; STB 825 Date 8-27-93

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 3 Trench Width 36" Max Trench Bottom Depth Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: gravity conventional

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

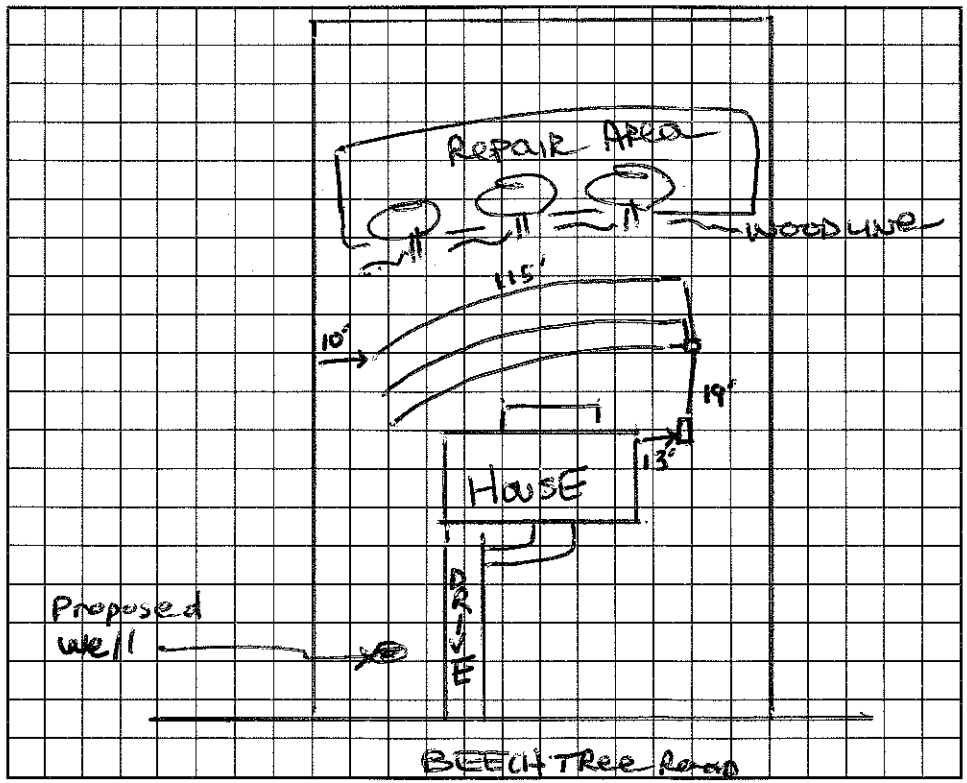
Water Supply: ☐ Individual ☐ Community ☐ Public

Comments: Follow contour w/ drainfield

Comments: Max trench depth in line 1 36" on upslope side of trench 34" on downslope side within first half of length, 18" trench bottom in last half of all laterals. D box set to feed equally.

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: DAVID HINSON date 9-9-92

Existing System Inspection by: date

Installed by: ROWAN Septic Tank Service

Certificate of Completion by: Andrea Lemon date 11-18-93

Operation Permit by: date

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