IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 01362 PIN# ~~4740205495 (pt)~~ 4649293936 DATE Aug 30, 01

OWNER OR CONTRACTOR AH Inc / Spear Const. PHONE: Business _____ Home _____

ADDRESS 2310 S. Main Salisbury NC 28147

LOCATION Cloutz Hill Rd. Turn on Ridge Creek Turn on Wiltshire TR Panther Creek on left

SUBDIVISION Wiltshire Creek BLOCK / SECTION _____ LOT 54 LOT AREA .52 Ac SITE CLASS. FS DESIGN FLOW 360 gpd L.T.A.R. e 3

Septic Tank: 1000 Gallons; STB 825 Date 8/27/01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 460/600 Linear Feet 200

No Lines 2+2 Trench Width 24" min 8'oc Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Gravity PPBPS

Repair System Description: 1 LPPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No Initially

☑ 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 ☐ Public ☐ Community

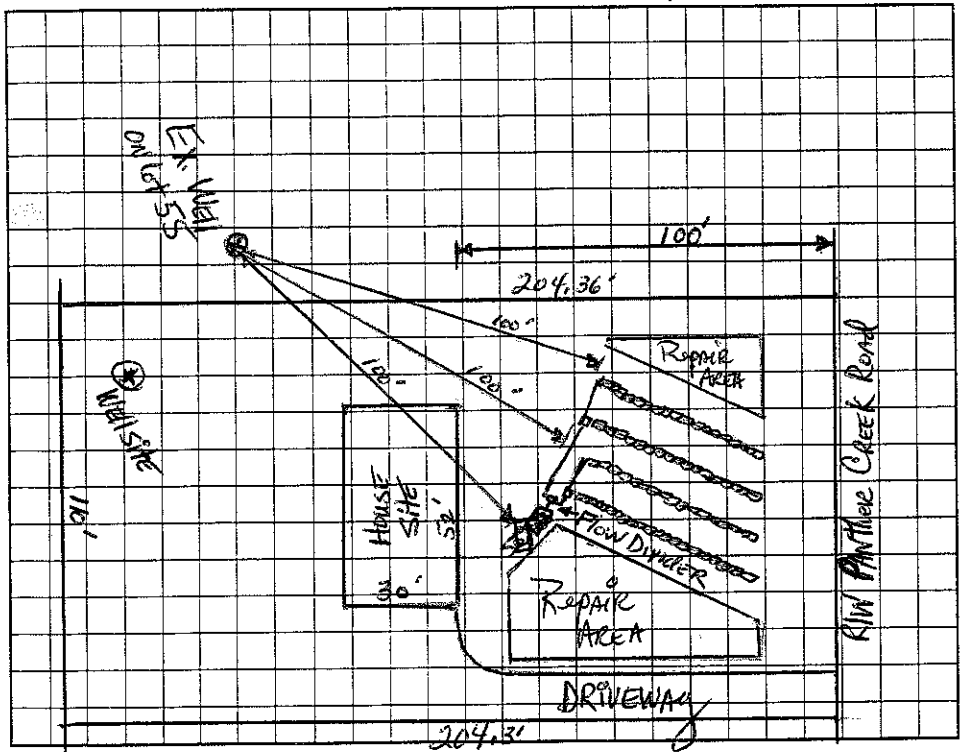
Comments:/Conditions: OR 36" max 9'oc

Distribution system consists of Flow Divider to 2 D Boxes w/ Levelers/Equalizers

Do not cut house site. Use high crawl space. Backfill against foundation to provide positive drainage.

Comments:/Conditions:

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date _____

Improvement Permit by: _____ date 8-30-01

Authorization to Construct by: _____ date 9-7-01

Installed by: Rowan Septic Tank + Ditching

Operation Permit by: Wesley Sparks R.S. date 10/31/01

Existing System Inspection by: _____ date _____

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