IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 091354 PIN# 4744020349 (pt) 4649392920 DATE Oct 11, 01

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

ADDRESS 2310 S. Main Salisbury 28147 // 607 Andorson Ave Salisbury

LOCATION Goodz Hill Rd Turn on Ridge Creek TR Wiltshire TL Panther Creek on Right

SUBDIVISION Wiltshire Creek BLOCK / SECTION _____ LOT 46 LOT AREA .51Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 825 Date 11/3/01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity Innovative -25% Red

Repair System Description: Same

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

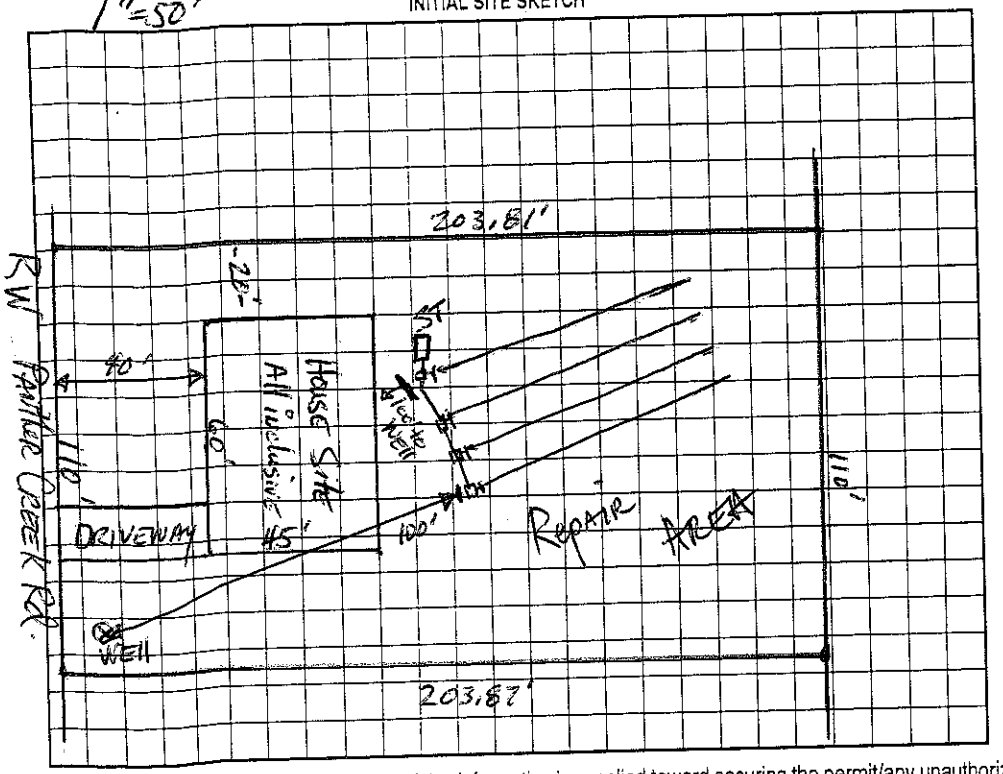
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Do not cut lower house site, use backfill against crawl space 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 11/16/01 Installed by: Rowan Septic

Improvement Permit by: _____ date 10-11-01 Operation Permit by: _____ RS date 5/20/02

Authorization to Construct by: _____ date 10-11-01 Existing System Inspection by: _____ date _____

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