Paid 175.00 PT

IREDELL COUNTY HEALTH DEPARTMENT

ST...SVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPEC...

PERMIT# 91347 PIN# 4740203493 4649398858 DATE 8/18/00

OWNER OR CONTRACTOR AH INC PHONE: Business (704) 636-7765 Home

ADDRESS 2310 S. Main St Salisbury NC 28147 (116 CARISSA LN)

LOCATION Perth, R Clont 24.11, R Ridge Crk, R Wiltshire, L Panthers Crk, R ~~Sexton~~ Ct RT at cul-de-sac

SUBDIVISION Wiltshire Crk BLOCK / SECTION ____ LOT 39 LOT AREA 0.83 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 825 Date 9/7/00

Pump Tank: 1000 Gallons; PT 302 Date 9/2/00

Pump Make: ZOELLER Model N-137C Serial No. 9/8/2000

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

No Lines 4 @ 100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Press. Man. Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

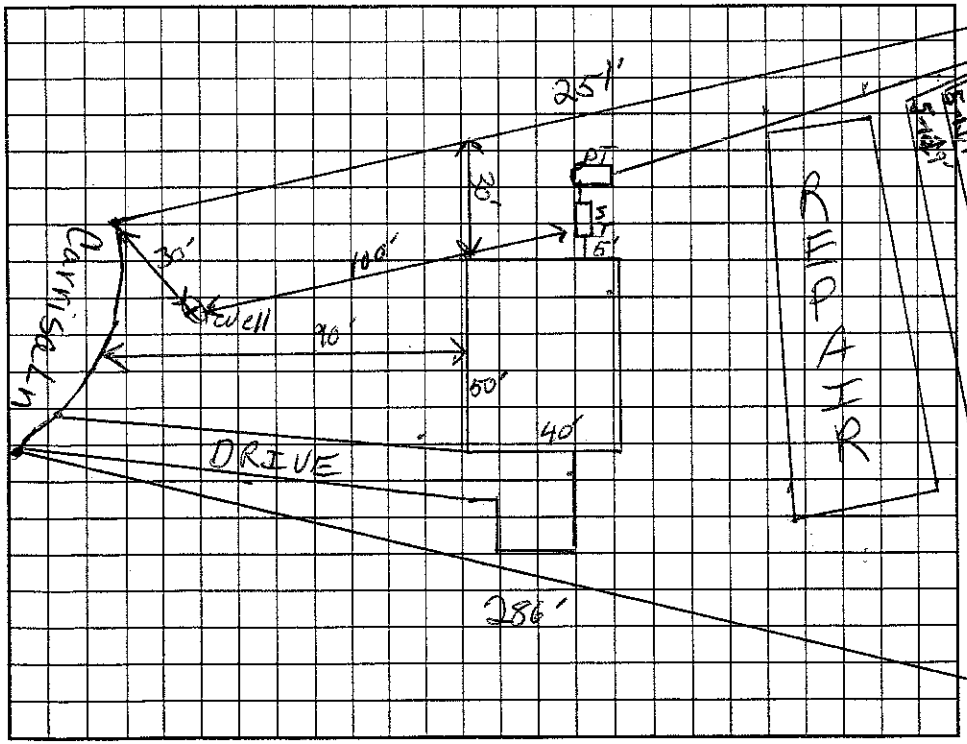
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

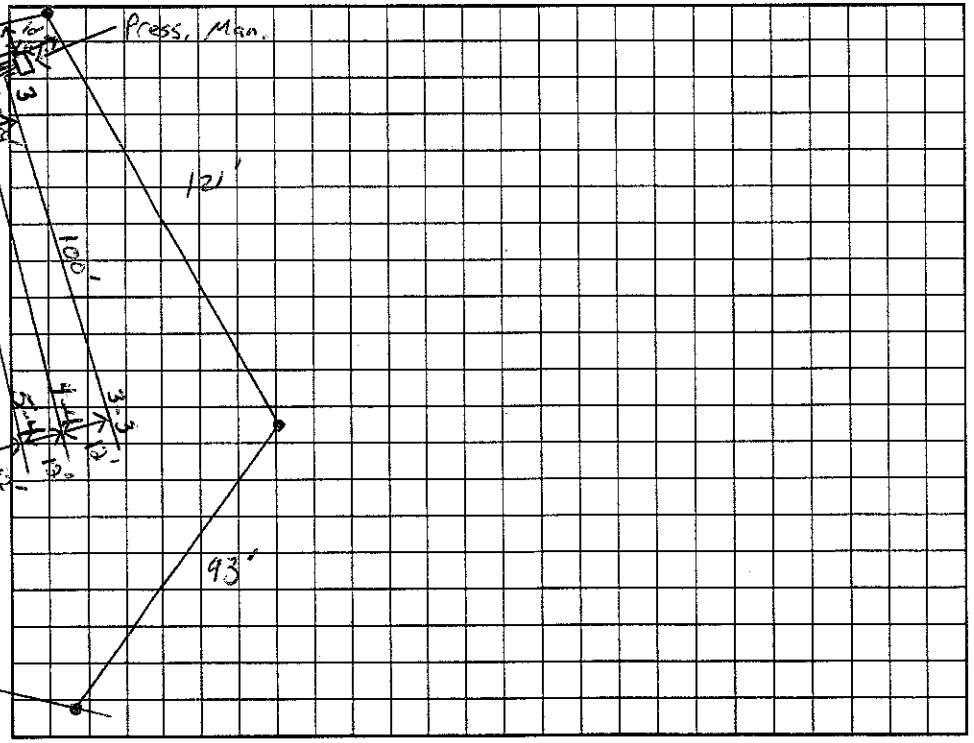
Keep Well 100' from Septic System

Comments:/Conditions: Tanks, Drainlines, Pressure 10/11/00

INITIAL SITE SKETCH



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 8/21/00 Installed by: Rowan Septic Tank

Improvement Permit by: _____ date 8/18/00 Operation Permit by: Wesley Sparks R.S. date 10/27/00

Authorization to Construct by: _____ date 8/18/00 Existing System Inspection by: _____ date _____

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