IREDELL COUNTY HEALTH DEPARTMENT

4649-75-6303

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

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

PERMIT# 111871 PIN# ~~4649750165.33~~ Fleetwood DATE 4-2-04

OWNER OR CONTRACTOR Andrew Pruett PHONE: Business 400-7019 Home 636-9074

ADDRESS 615 William Black Salisbury, NC 28147

LOCATION Tower House Loop TL Rankin Hill TL Magic Forest TR Mystic Ct 2nd on right

SUBDIVISION Magic Forest BLOCK / SECTION 4 LOT 33 LOT AREA .73 Acre SITE CLASS. PS DESIGN FLOW 450 gpd L.T.A.R. 3

Septic Tank: 1000 Gallons: STB 1017 Date 11/1/03

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 5@80' 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 - 25% Reduction

Repair System Description: LP Panel

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

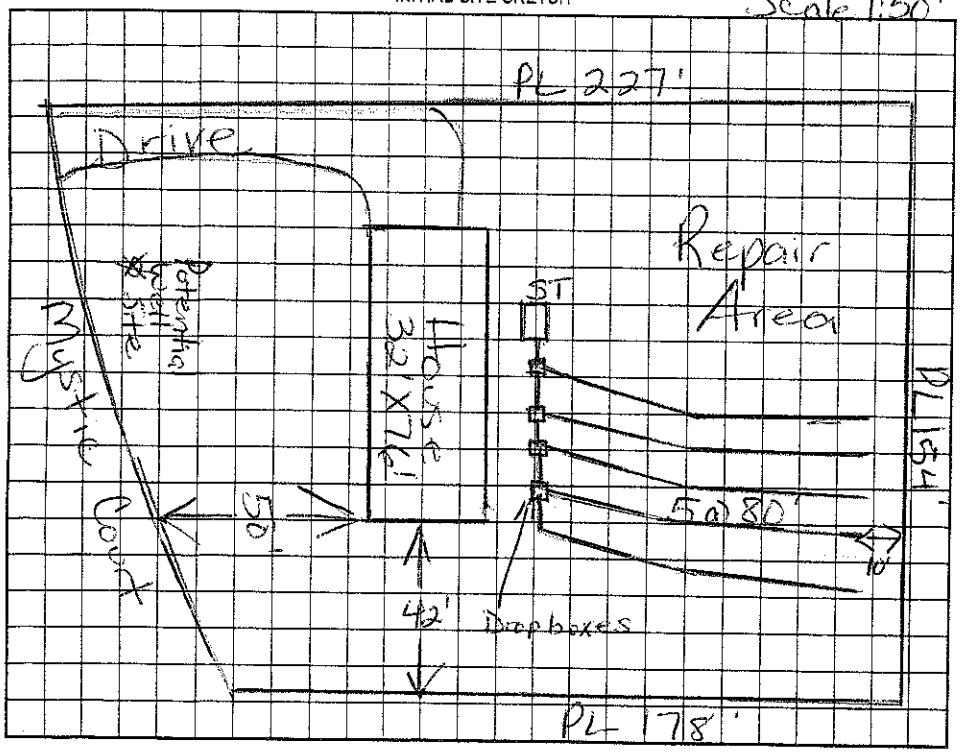
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Keep Septic System at least 10' From PL, 10' from House.

Comments/Conditions:

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: Bryan Spann date 4/5/04

Improvement Permit by: Mark Hall Dotson RS date 4/2/04

Authorization to Construct by: Mark Hall Dotson RS date 4/2/04

Installed by: Craig Thompson

Operation Permit by: [signature] RS date 4/28/04

Existing System Inspection by: ____ date ____

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