400

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83555 PIN# 4679 12 7865 PT 4679 12 8529 DATE 9/7/99

OWNER OR CONTRACTOR SPEAR CONSTRUCTION PHONE: Business 361-7518 Home

ADDRESS 607 ANDERSON AVE. SALISBURY NC 28144

LOCATION 801 N - TL TRIPLETT - 8th LOT ON RT

SUBDIVISION HILBOURNE BLOCK / SECTION LOT 8 LOT AREA 1.0AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 3 ORD/FT2

Septic Tank: 1000 Gallons; STB 825 Date 3/3/00
Pump Tank: 1000 Gallons; PT 302 Date 3/27/00
Pump Make: ZOELLER Model N137 Serial No. 1100
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 6@67' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: PUMP CONVENTIONAL
Repair System Description: PUMP 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No

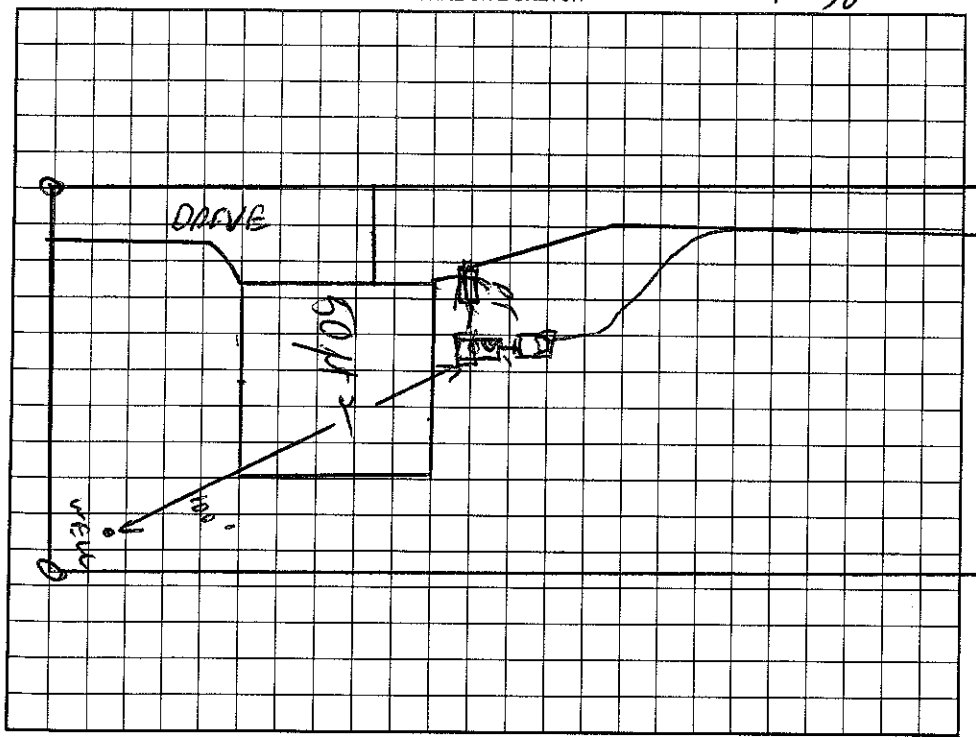
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

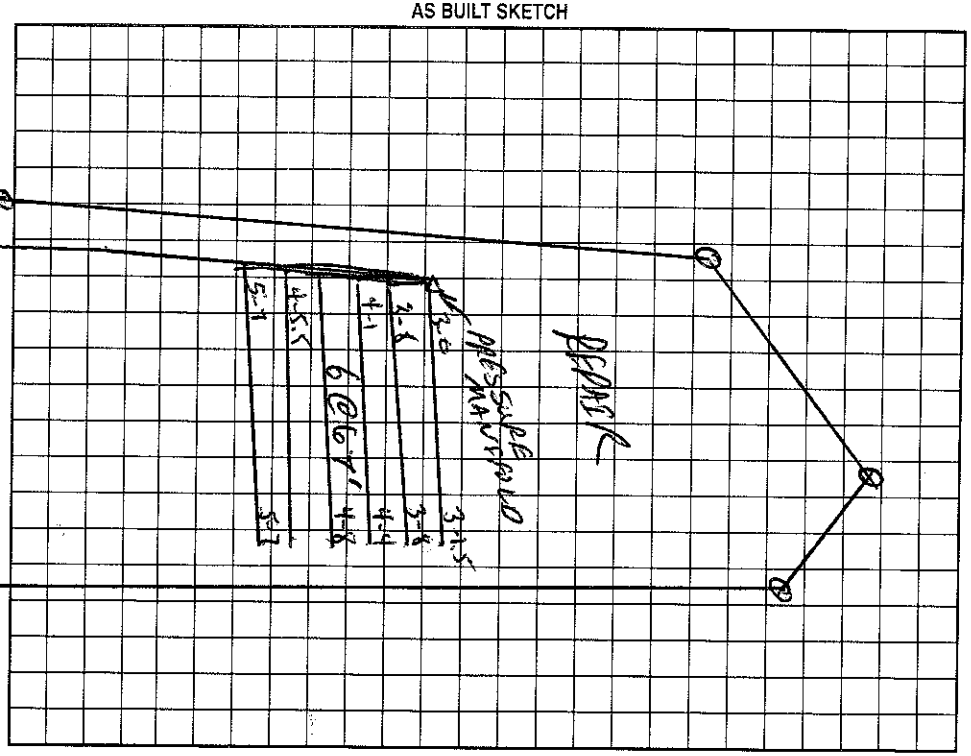
Comments:/Conditions:

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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 9/9/99 Installed by: Rowan Septic Tank

Improvement Permit by: date 9/7/99 Operation Permit by: Wesley Sparks R.S. date 6/2/00

Authorization to Construct by: date 9/7/99 Existing System Inspection by: date

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

