IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-3281

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

PERMIT# 43552 PIN# 4679 12 7865 PT 4679 12 9189 DATE 9/24/99

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

ADDRESS 607 ANDERSON AVE. SALISBURY NC 28144

LOCATION 801 N- TL TRIPLETT - 5TH ON RT

SUBDIVISION KILBOURNE BLOCK / SECTION _____ LOT 5 LOT AREA 1.04C SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 2/16/00

Pump Tank: 1000 Gallons; PT 302 Date 2/29/00

Pump Make: ZOELLER Model N98-C Serial No. 12/99

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

No Lines 3 @ 100 + 1 @ 75 + 1 @ 43' 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: PUMP 25% REDUCTION

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

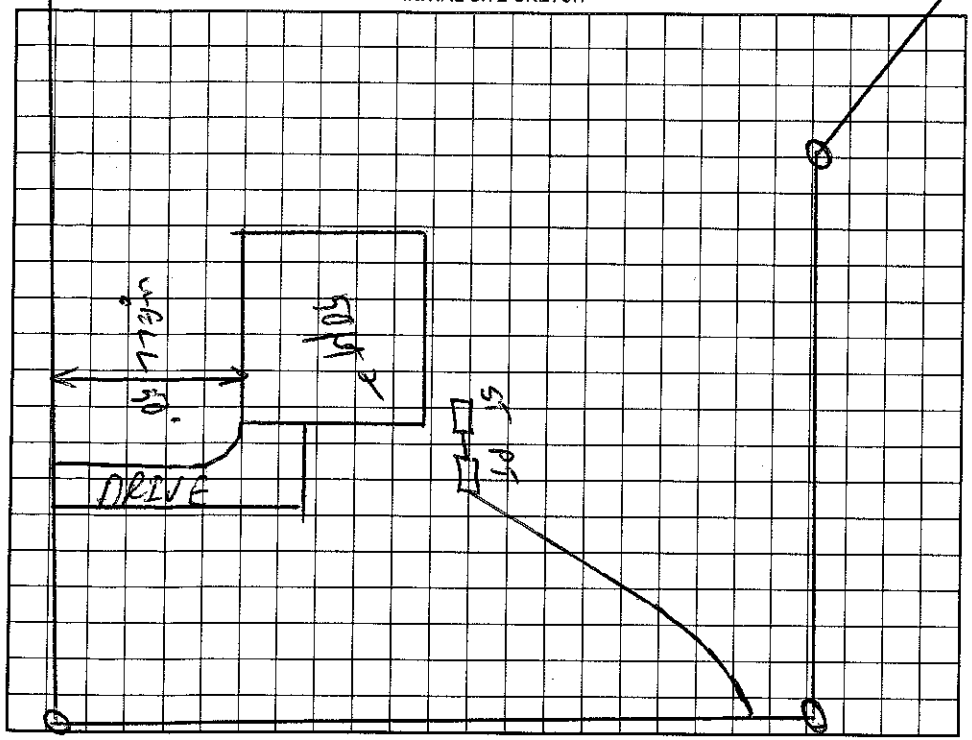
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: SYSTEM AND REPAIR OFF SITE

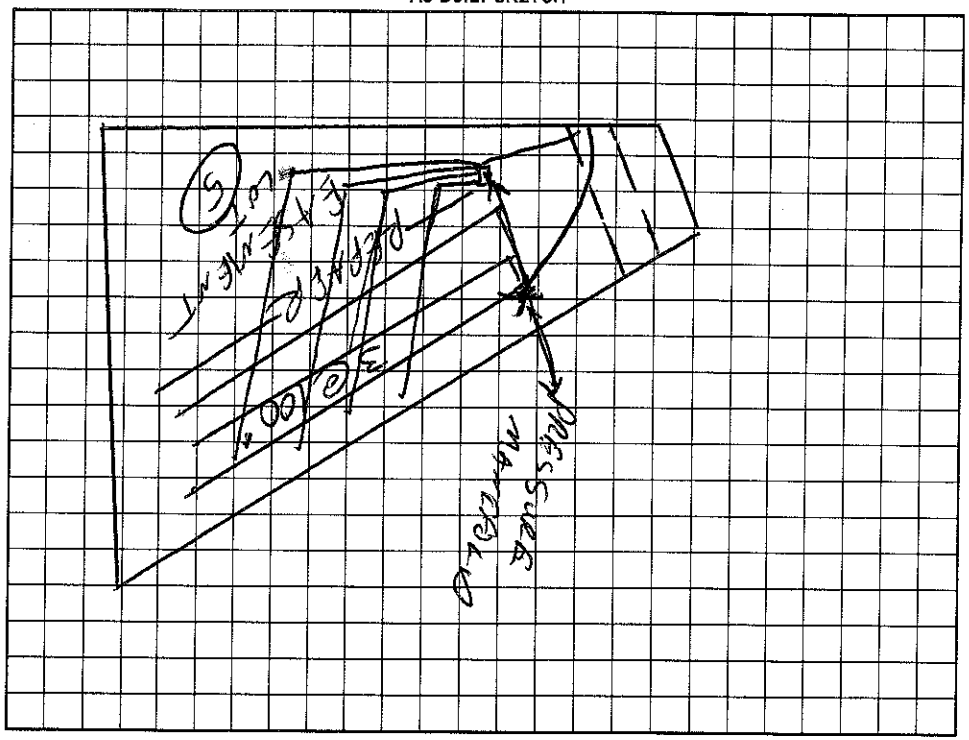
Comments/Conditions: 4" Drawdown.

1" = 50'

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 2-24-99 Installed by: Rowan Septic Tanks.

Improvement Permit by: C. Bryan Zeman RS date 9/24/99 Operation Permit by: Wesley Sparks RS. date 5/9/00

Authorization to Construct by: C. Bryan Zeman RS date 9/24/99 Existing System Inspection by: _____ date _____

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