This Permit Voids Permit issued 1/26/01.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093971 PIN# 4717 63 7508 DATE 5/24/01

OWNER OR CONTRACTOR Spear Construction PHONE: Business (704) 636-7954 Home Cell# (704) 361-7518

ADDRESS 607 Anderson Ave. Salisbury, NC 28144

LOCATION Hwy 115 N. (2) on Midway on (L) after Laura Jeanne Rd

SUBDIVISION Mtn View Estate BLOCK / SECTION — LOT 48 LOT AREA 3.84 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1,000 Gallons: STB 825 Date 4-3-01
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400
No Lines 7 Trench Width 36" Max Trench Bottom Depth 28" Gravel Depth 12"

X New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: Gravity, Conventional
Repair System Description: Pump, 25% Red.
Maintenance Agreement Required: ☐ Yes X No

X House/Mod Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

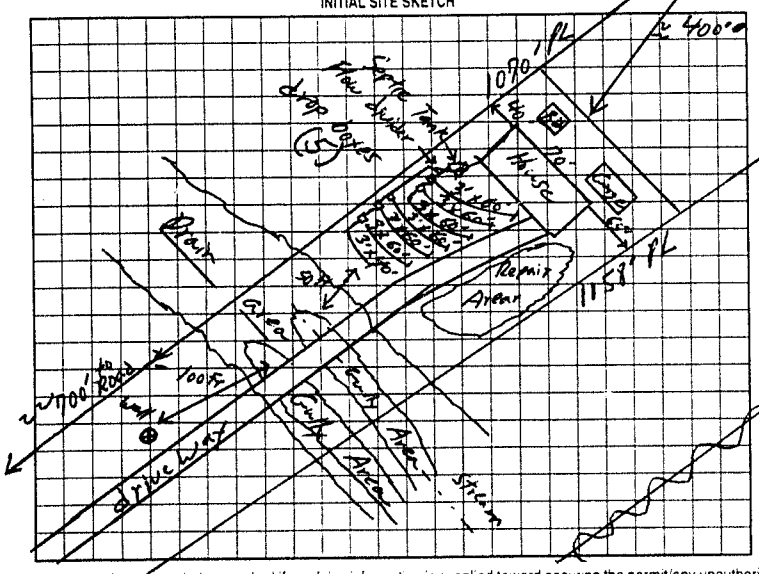
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

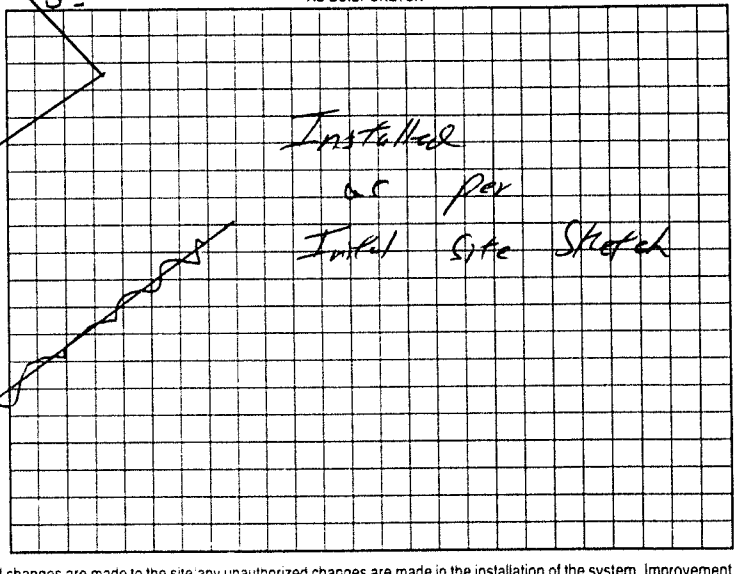
Comments/Conditions: (1) Keep all drains away from Septic lines + repair Areas (2) Install all Lines on contour (3) Keep Lines 10ft from Repair Lines (4) Install (One) 1 Flow divider + 5 drop boxes in seven (7) lines.

Comments/Conditions: — Poly Tek Filter Installed

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: [signature] date 5/31/01 Installed by: Rowan Septic Co

Improvement Permit by: William O. Johnson date 5/24/01 Operation Permit by: William O. Johnson date 5/31/01

Authorization to Construct by: William O. Johnson date 5/24/01 Existing System Inspection by: ____ date ____

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