838-0013

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101718 PIN# 4727-15-9244 DATE 7/30/01

OWNER OR CONTRACTOR A H Inc PHONE: Business (704) 885-2300 Home

ADDRESS 450 Auction Dr. Salisbury, NC 28147

LOCATION Hwy 115 N (L) Coachman Lane, (L) Trinity, (R) Potts Grant, 5th lot on Right

SUBDIVISION Midway Park BLOCK / SECTION LOT 15 LOT AREA .53 Acres SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .30

Septic Tank: 1000 Gallons: STB 794 Date 9-18-01
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 267
No Lines 4@71' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

X New System ☐ Repair System Type: I (II) III IV V VI
System Description: Gravity, Conventional
Repair System Description: Gravity, Conventional
Maintenance Agreement Required: ☐ Yes X No

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

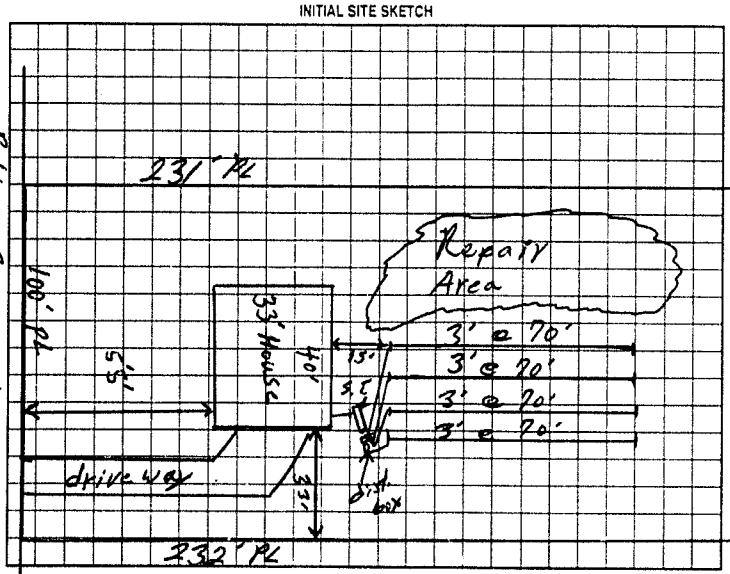
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

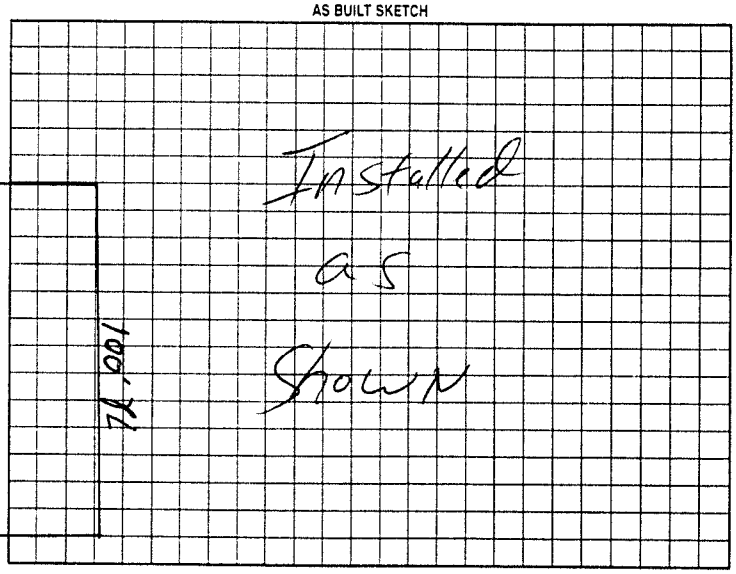
Comments/Conditions: ① Do not install when wet ② Keep septic system 100 ft From well

Comments/Conditions: - Label Filter Installed
- ~~Keep~~ Septic Tank Marker 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: _____ date 8/9/01 Installed by: Madison Brothers Grading

Improvement Permit by: William O. Johnson date 7/30/01 Operation Permit by: William O. Johnson date 11/2/01

Authorization to Construct by: William O. Johnson date 7/30/01 Existing System Inspection by: _____ date _____

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