IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10-2-699 83334 PIN# 4730-48-6413 DATE August 9, '99

OWNER OR CONTRACTOR Spear Construction // C+S Assoc. PHONE: Business _____ Home _____

ADDRESS 607 Anderson Ave, Salisbury, 28144 // 904 Silken St. Thomasville 27360

LOCATION Troutman, North off 901 South TR State Park Rd. TR Meadowglen Drive TL Whitney Lane on Right

SUBDIVISION Meadowglen BLOCK / SECTION _____ LOT 48 LOT AREA .3483ac SITE CLASS PS DESIGN FLOW 360gpd C.T.A.R. .03

Septic Tank: 1000 Gallons: STB 823 Date 8/1999
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 5@60' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: Cavity Innovative -25% Reduction
Repair System Description: LP Gravel Blade
Maintenance Agreement Required: ☐ Yes ☑ No INITIALLY
Gravel Depth N/A ☑ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

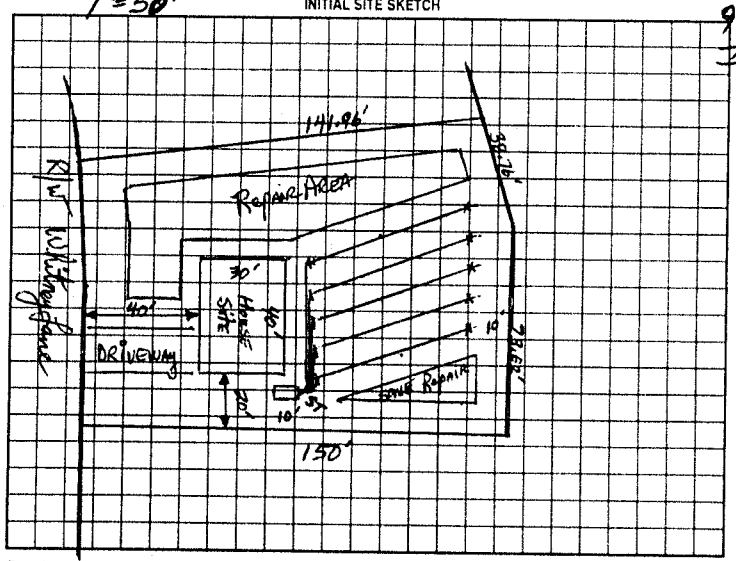
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply:
☐ Individual
☑ Public
☐ Community

Comments/Conditions: * ONE INSPECTION PORT PER LATERAL

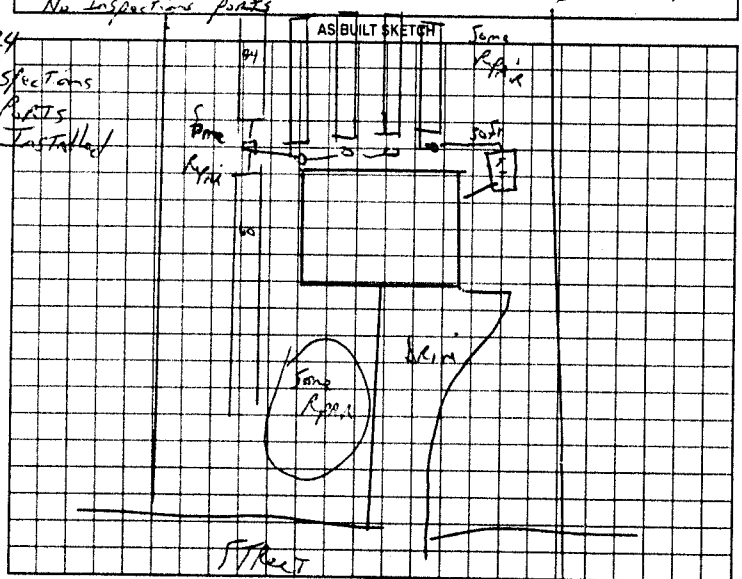
Comments/Conditions
9-22 Lines + Tank Inspected ok Repair will have to be pump
Due to House being located 70 ft back + not 40 ft.
No Inspections ports

1"=50' INITIAL SITE SKETCH



9-24 Inspections Ports Installed

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: A Spear date 8-10-99 Installed by Ronson Septic

Improvement Permit by: Marvin Johnson, RS date 8-9-99 Operation Permit by: [signature] date Sept 24 99

Authorization to Construct by: Marvin Johnson, RS date 8-9-99 Existing System Inspection by: _____ date _____

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