IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 16-2-699 83274 -PIN# 4730-48-6413 DATE July 29, 1999

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

ADDRESS 607 Anderson Ave. Salisbury 28144 / 99 E Salem St. Thomasville 27360

LOCATION Hartman, Parker Rd. South TR State Park Rd. TR Meadow Glen Drive TR Meadow Glen Circle 2nd on left

SUBDIVISION Meadow Glen BLOCK / SECTION _____ LOT 27 LOT AREA .4011 Ac SITE CLASS RS DESIGN FLOW 360 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 825 Date 8-3-99

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" Gravel Depth NA

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI

System Description: Gravity Innovative -25% Reduction Stone

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

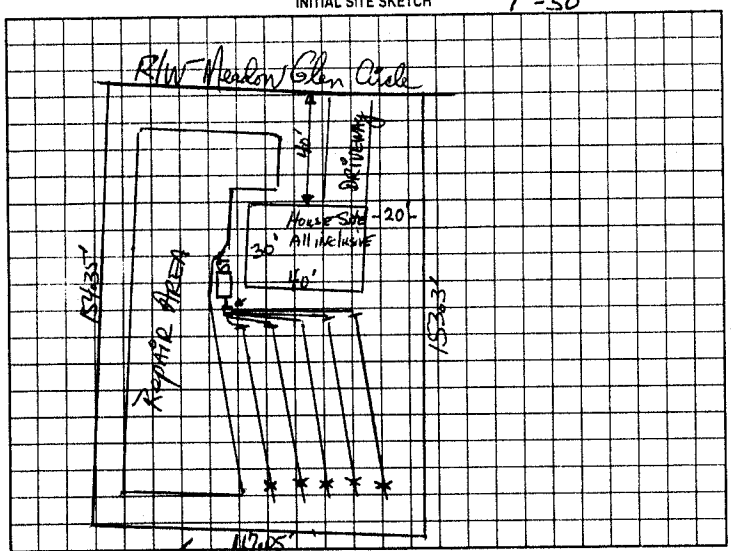
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

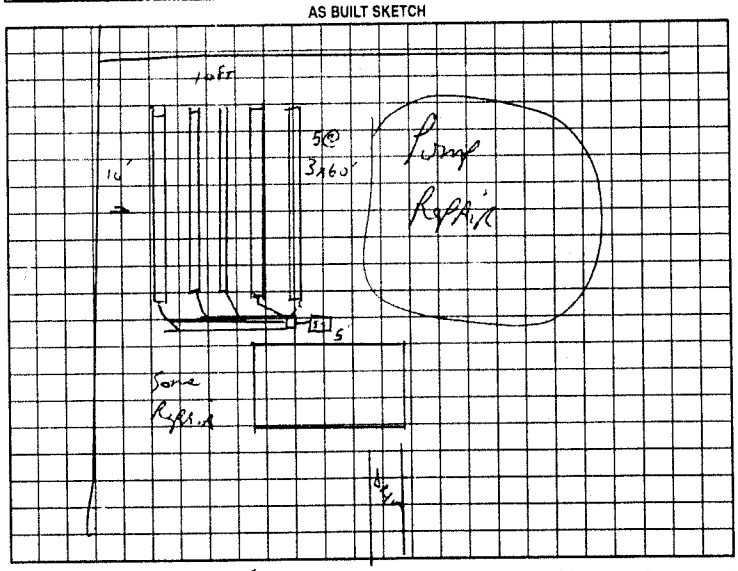
Comments/Conditions: * ONE Inspection port per Lateral

Comments/Conditions: Keep Patio 5 Ft From Septic Tank

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 8-2-99 Installed by: Rowan Septic

Improvement Permit by: _____ date 7-29-99 Operation Permit by: J.C. Potts date Nov 5 99

Authorization to Construct by: _____ date 7-29-99 Existing System Inspection by: _____ date _____

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