IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORES 704-664-5281

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

PERMIT# 15-2-699(83275) PIN# 4730-48-6413 DATE July 29, 99

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

ADDRESS 607 Anderson Ave Salisbury 28144 / 904 Salem St Thomasville 27360

LOCATION Trantmann, Pethtodd South TR State Park Rd TR Meadow Glen Drive TL Meadow Glen Circle 1st on left

SUBDIVISION Meadow Glen BLOCK / SECTION _____ LOT 26 LOT AREA .3815 AC SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 823 Date 7-29-99
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ / Square Feet 900 Linear Feet 300
No Lines 5@60' 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: Gravity Innovative-25% Reduction
Repair System Description: Gravity Panel Block
Maintenance Agreement Required: ☐ Yes ☑ No

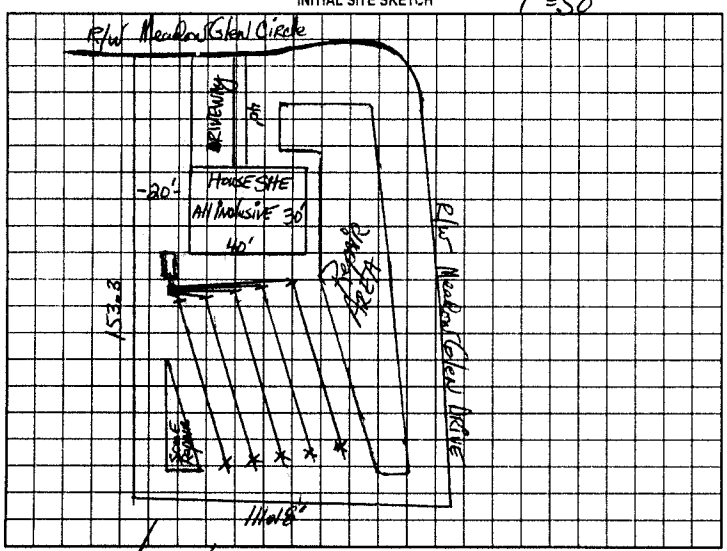
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ___
☐ Other _____
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: * ONE Inspection port PER LATERAL.

Comments/Conditions

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Home 57 Ft from Road
16'x10' Concrete PATio in back of home

Installed As shown

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: _____ date Oct 26 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