IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 28-2-699 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 Trantman, North RD South TR State Park RD. TR Meadow Glen Drive TR Whitney Lane 2nd on left

SUBDIVISION Meadow Glen BLOCK / SECTION _____ LOT 41 LOT AREA ±3723 Ac SITE CLASS BS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1507 Date 5 19 00
Pump Tank: 1000 Gallons; PT 234 Date 98.0002
Pump Make: Zoeller Model N98.3 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI.
System Description: PM-INNOVATIVE-25% Reduction
Repair System Description: LP Gravel Black
Maintenance Agreement Required: ☐ Yes ☑ No Initially

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

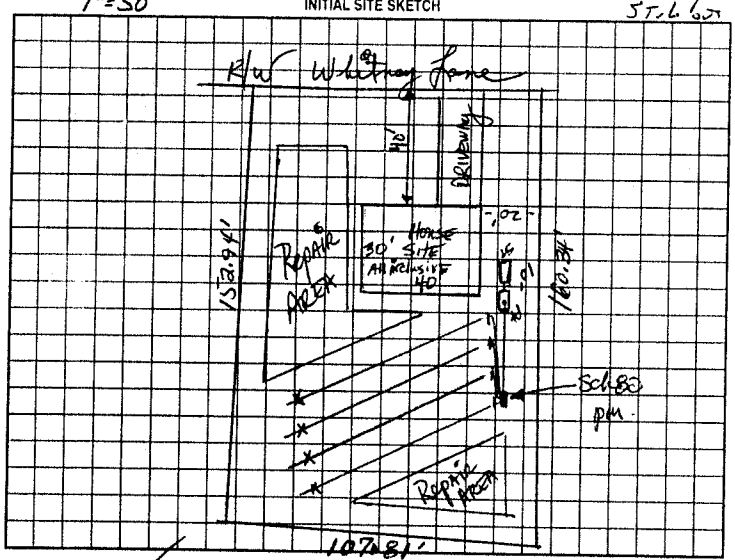
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

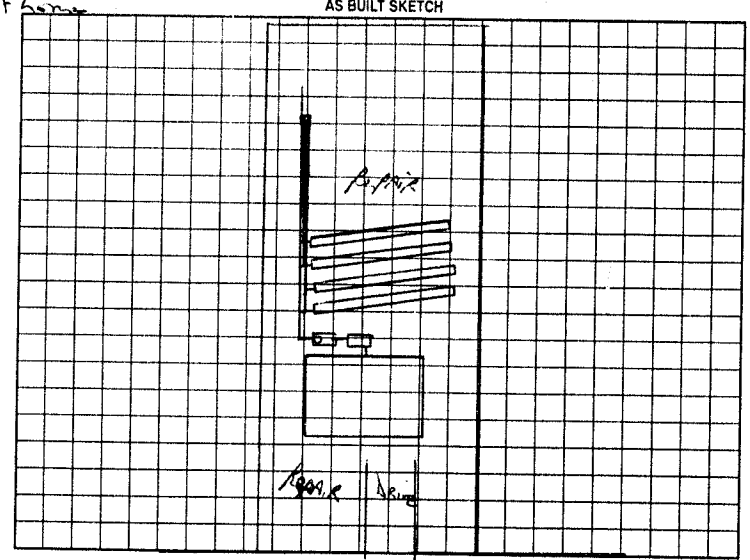
Comments/Conditions: * ONE Inspection/port PER Lateral.
Backflow Valve Use
Tank Relocation Due To Septic St. Lot of Home

Comments/Conditions: 49 Infiltrator Chambers used
Lines & Tank inspected. OK 7-11-2000
Pressure set 7.18
7-18 Alarm + Wiring CK OK

1"=50' 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 8-2-99

Improvement Permit by: _____ date 7-29-99

Authorization to Construct by: _____ date 7-29-99

Installed by: Wayne Clontz

Operation Permit by: _____ date July 18, 2000

Existing System Inspection by: _____ date _____

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