IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 114901 PIN# 4740016657 DATE 8-11-03

OWNER OR CONTRACTOR Allen McKinney PHONE: Business (704) 202-5234 Home

ADDRESS 450 Aviation Dr. Salisbury NC 28147

LOCATION Hwy 115 N TL Flowerhouse TL Cloatz Hill TL Ridge Creek Dr on left

SUBDIVISION Rocky Creek BLOCK / SECTION LOT 7 LOT AREA .53 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 325 Date 9/20/04

Pump Tank: Gallons; PT Date

Pump Make: Model 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 N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity - 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

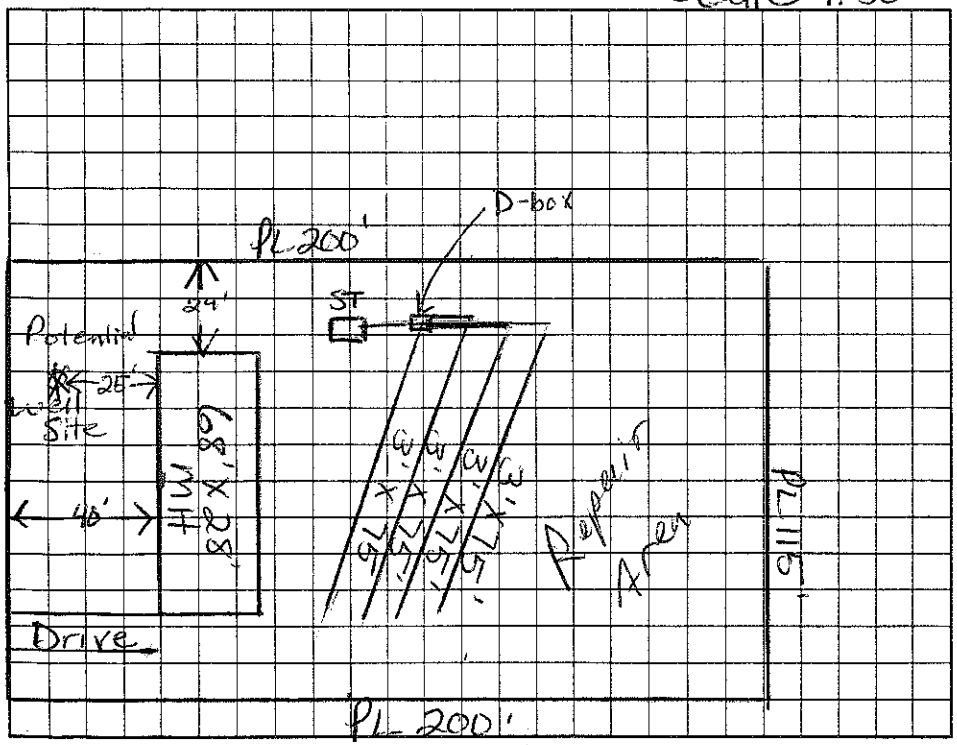
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System 10' From PL & at least 50' From any well

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH

1 AES Treaters Installed

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 8-26-03

Improvement Permit by: Maria H. Dotson R.S. date 8/11/03

Authorization to Construct by: Maria H. Dotson RS date 8/11/03

Installed by: Rowan Septic

Operation Permit by: RS date 12/3/04

Existing System Inspection by: date

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