1.30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083 794 PIN# 4740 10 36 89 DATE 10-11-99

OWNER OR CONTRACTOR A.H. Inc PHONE: Business 855-2300 ~~Home~~ Cell 202-5234 (Allen)

ADDRESS 450 Aviation Dr. Salisbury, NC 28146

LOCATION Perth Rd TL Clontz Hill TR Ridge Creek TR Brook Creek on left

SUBDIVISION Rocky Creek Cove BLOCK / SECTION ____ LOT 69 LOT AREA .83 Acre SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 10-11-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'
No Lines 4 at 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% Innovative
Repair System Description: Gravity - Innovative
Maintenance Agreement Required: ☐ Yes ☒ No

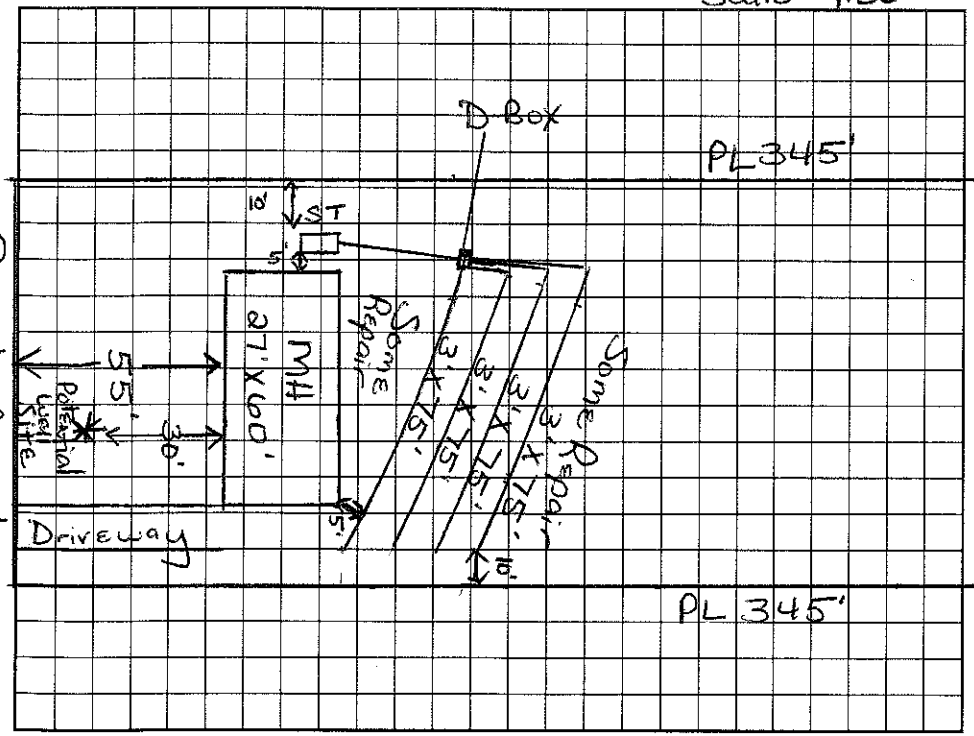
☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

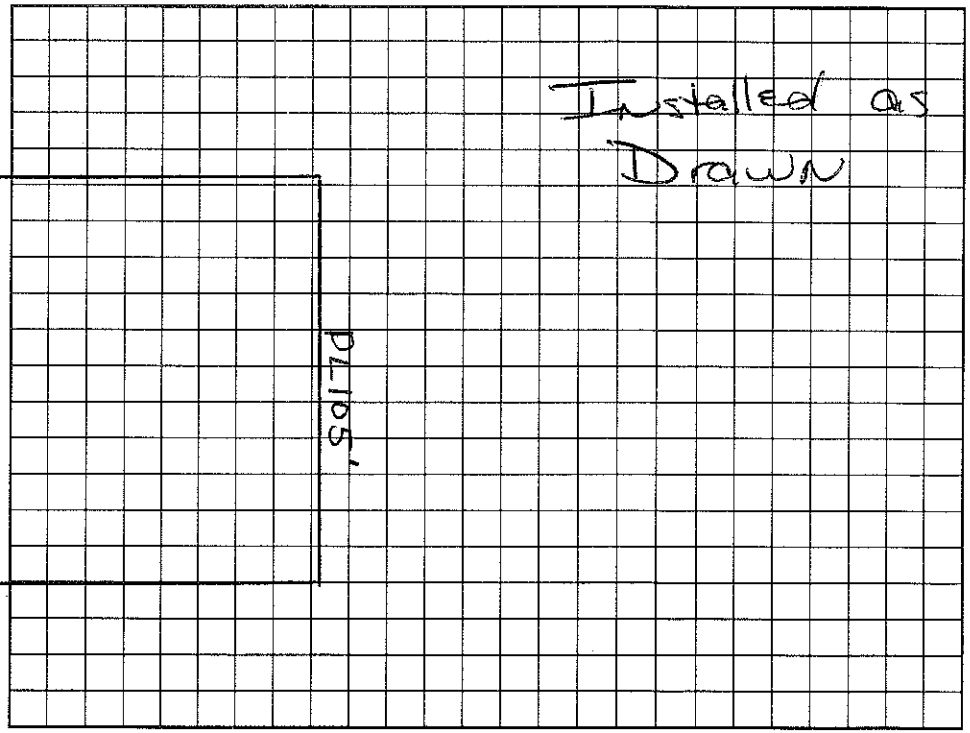
Comments/Conditions: Keep Septic System at least 10' from PL & 5' from House & 50' from any well. Keep well at least 25' from house. (Well positioned 40' in from PL)

Comments/Conditions: Risers & filter installed
Tanks & lines inspected 11/17/99 mpd
Needs D-Box Checked yet (Installed backwards)
Checked 11/19/99

INITIAL SITE SKETCH Scale = 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 10-19-99 Installed by: Madison Bros.

Improvement Permit by: Maria H.H. Dotson date 10/11/99 Operation Permit by: Maria H.H. Dotson R.S date 11/19/99

Authorization to Construct by: Maria H.H. Dotson date 10/11/99 Existing System Inspection by: ____ date ____

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