4:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080104 PIN# 4740114094 4740-11-4094 DATE 3/25/99

OWNER OR CONTRACTOR AH INC. PHONE: Business 704-855-1994 Home

ADDRESS 420 Auction Dr. Salisbury NC 28144

LOCATION Party TL Clontz Hill, TR Ridge Creek, TR Brook CK, LT

SUBDIVISION [redacted] BLOCK / SECTION ROCKY RIVER COVE LOT 86 LOT AREA .78 SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 10-30-99

Pump Tank: 1000 Gallons; PT 17 Date 12-99

Pump Make: Hydromatic Model 5165A-010-7 Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 @ 80 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Pump/PM/ Conv

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

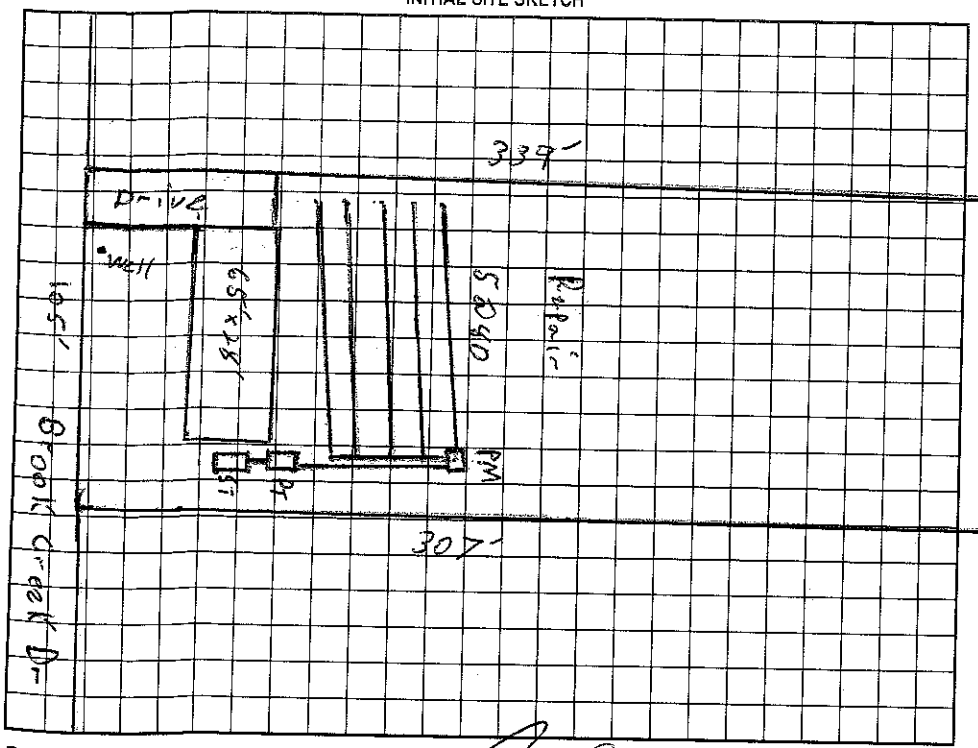
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

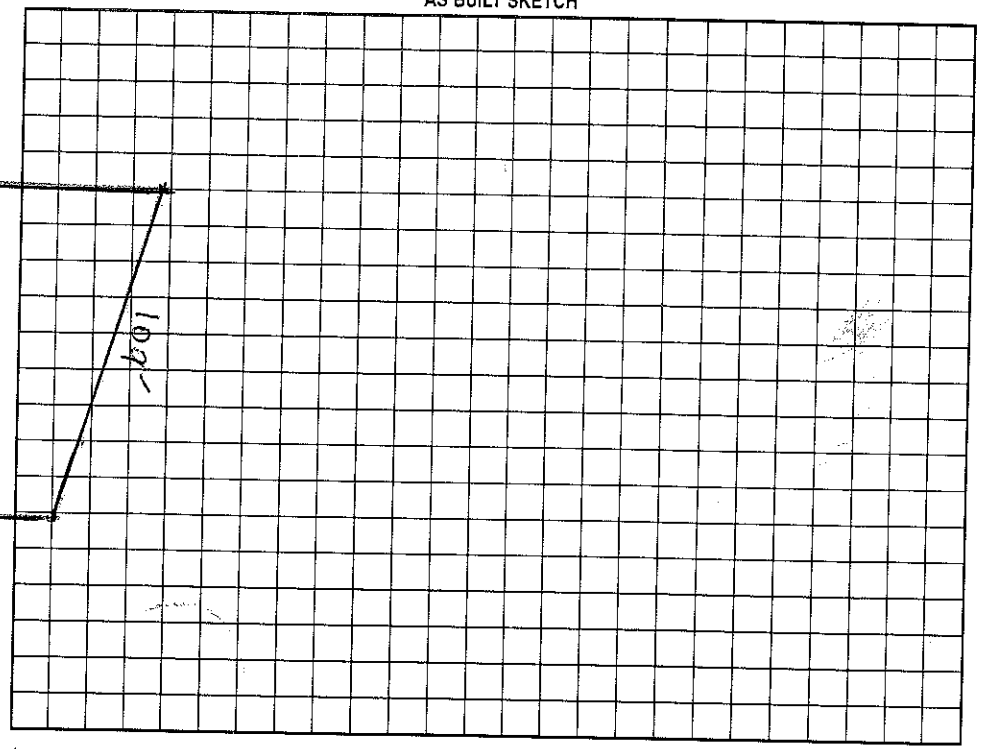
Comments/Conditions:
Keep lines on Contour
Keep septic 10' off RL & 5' off House
well min 50' off system

Comments/Conditions:
Pressure tanks & lines checked
2/29/2000 MD

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 3/31/99 Installed by: A-1 BACKHOE

Improvement Permit by: _____ date 3/25/99 Operation Permit by: _____ date 3/14/00

Authorization to Construct by: _____ date 3/25/99 Existing System Inspection by: _____ date _____

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