(3.00) (Kenny Madison)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088369 PIN# 4740118372 DATE 3/30/2000

OWNER OR CONTRACTOR AH Inc PHONE: Business 855-2300 Home Allen 202-5234

ADDRESS 450 Auction Rd Salisbury, NC 27145

LOCATION Hwy 115 N TL Flowerhouse TL Clontz Hill TL Ridge Creek on Right

SUBDIVISION Rocky Creek Cove BLOCK / SECTION ____ LOT 42 LOT AREA .53 Acre SITE CLASS. PS DESIGN FLOW 360gpd T.A.R. .3

Septic Tank: 1000 Gallons; STB 620 Date 2/3/00

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 5 at 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: Gravity Conventional

Repair System Description: Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

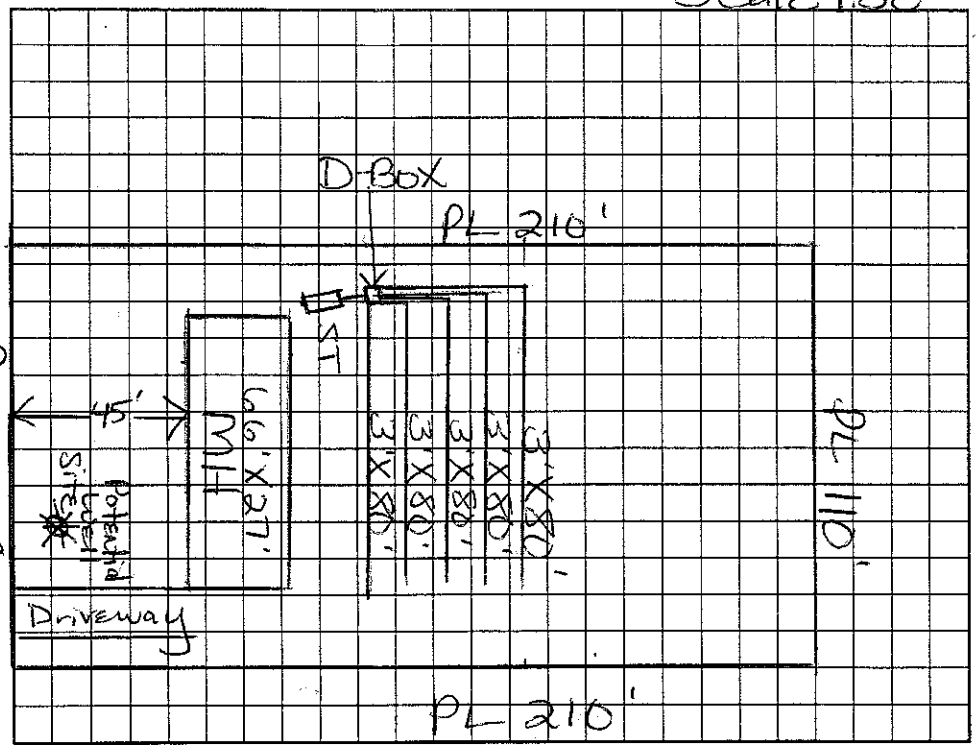
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' from PL, 5' from house & 50' from any well.

Comments:/Conditions:

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 4/25/00 Installed by: Kenny Madison

Improvement Permit by: Maria H. Dotson RS date 3/30/2000 Operation Permit by: C. Myers RS date 10/24/00

Authorization to Construct by: Maria H. Dotson RS date 3/30/2000 Existing System Inspection by: ____ date ____

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