IREDELL COUNTY HEALTH DEPARTMENT

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

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

$125.00 Paid

PERMIT# 01367 / 12253 PIN# ~~474202 3493 (pt)~~ 4740205242 DATE Oct 11, 01

OWNER OR CONTRACTOR AH Inc. / P. Lot Homes PHONE: Business _____ Home _____

ADDRESS 2310 S. Main St Salisbury N.C. 28147

LOCATION Clontz Hill Rd Turn on Ridge Creek TR Wiltshire TR Panther Creek 2nd on Right

SUBDIVISION Wiltshire Creek BLOCK / SECTION _____ LOT 59 LOT AREA .53Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 325 Date 3/1/05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NR

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Infiltrative-25% Red
Repair System Description: Grav/pumped Infiltrative
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

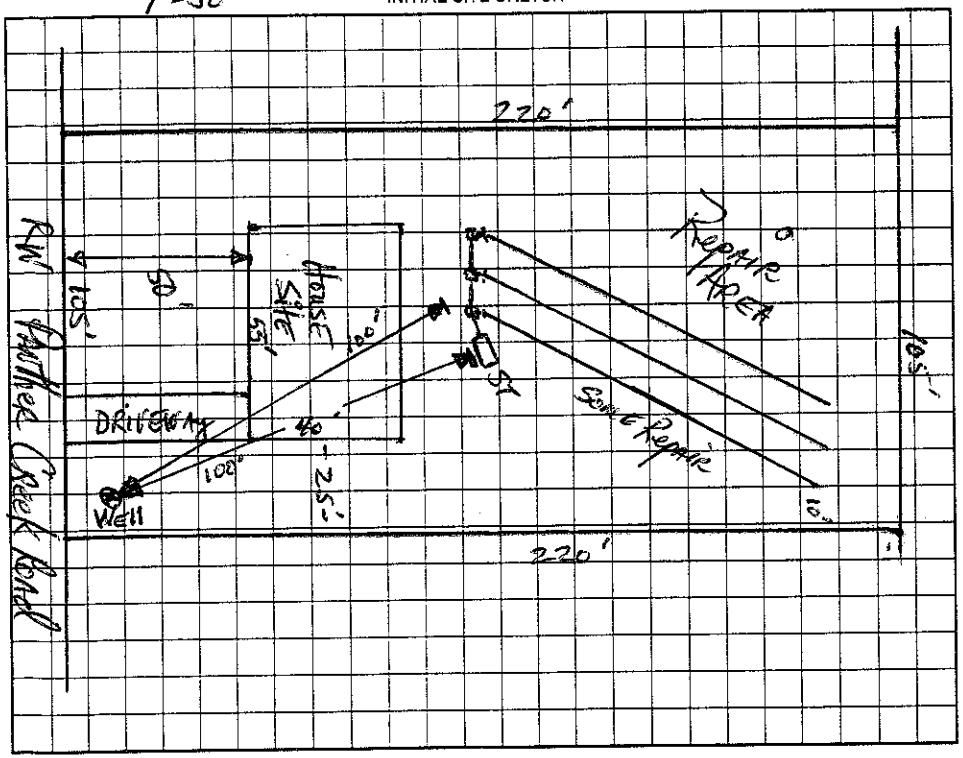
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Quick 4 Infiltrators 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 11/16/01 Installed by: Rowan Septic

Improvement Permit by: _____ date 10-11-01 Operation Permit by: _____ RS date 5/9/05

Authorization to Construct by: _____ RS date 4/21/04 Existing System Inspection by: _____ date _____

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