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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 983793 PIN# 4740210170

OWNER OR CONTRACTOR A.H. Inc. PHONE: Business 528-5484 DATE 10-12-99

ADDRESS 450 Auction Dr Salisbury, NC 28146 Home Cell 202-5234

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

SUBDIVISION Rocky Creek Cove BLOCK / SECTION ____ LOT 91 LOT AREA .61 Acre SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 10-1-99

Pump Tank: ____ Gallons; PT 27 Date 10-12-99

Pump Make: Hydromatic Model SHEF254 Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300'

No Lines 3 @ 100' ea Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Pump - 25% Reduction

Repair System Description: Pump - Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

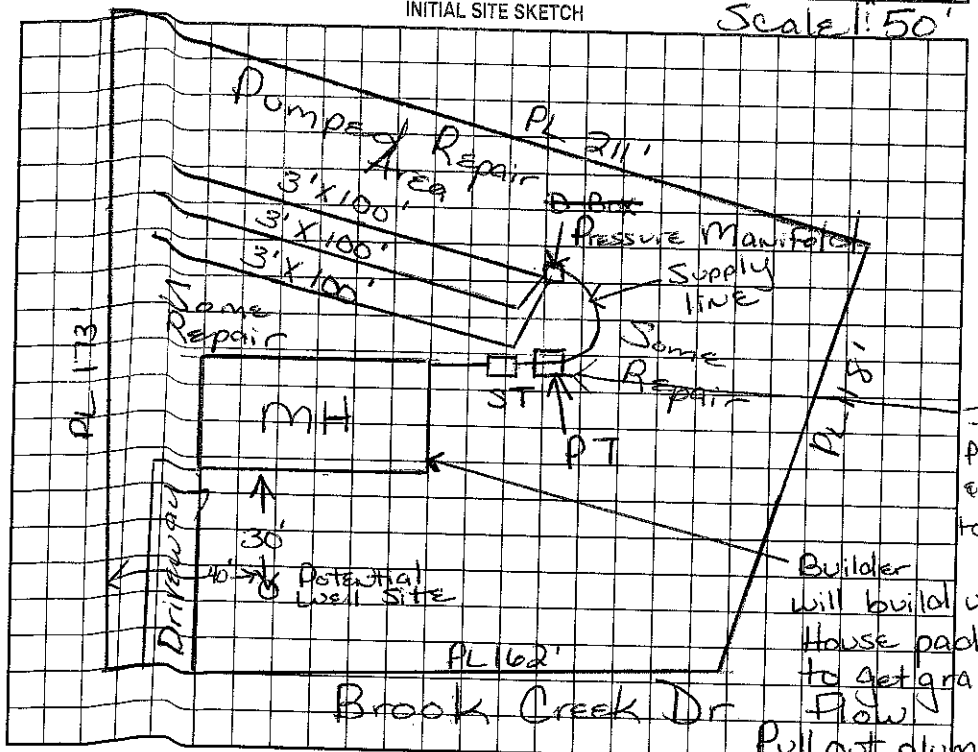
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Comments:/Conditions: Keep Septic System at least 10' from PL, 5' from House & at least 50' from any well.

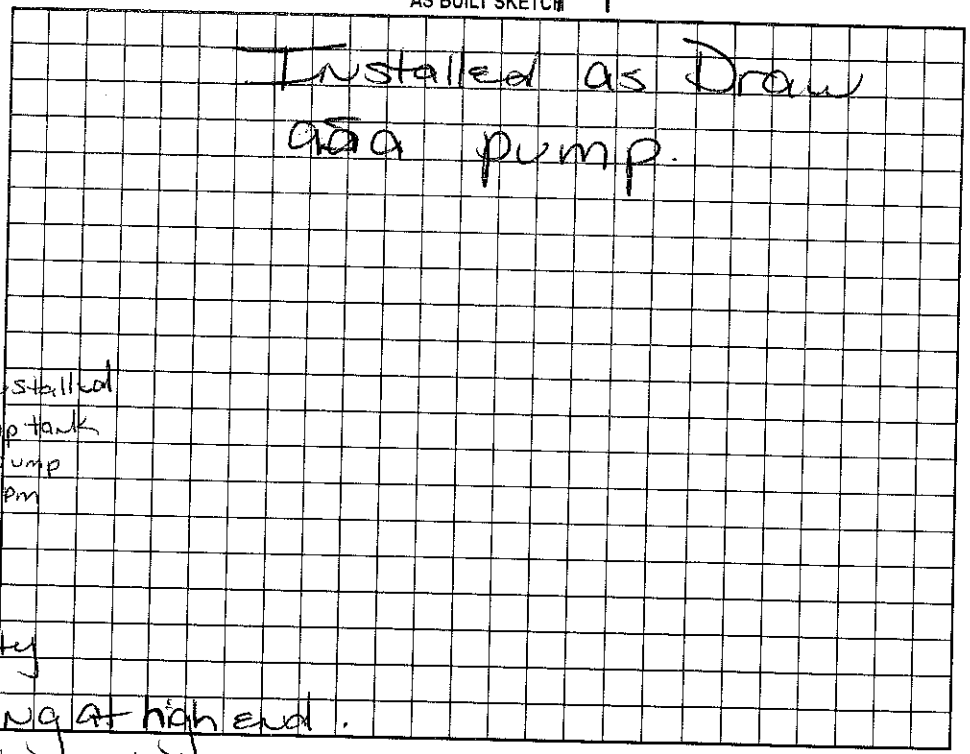
Comments:/Conditions: Note to installer: To keep gravity distribution & minimize depth of lines, feed highest line first & gravity flow to lower lines.

Tanks & lines inspected 11/17/99 MD

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 10-9-99 Installed by: Madison Bros.

Improvement Permit by: Maria H. Dotson RS date 10/12/99 Operation Permit by: Maria H. Dotson R.S. date 11/23/99

Authorization to Construct by: Maria H. Dotson R.S. date 10/12/99 Existing System Inspection by: ____ date ____

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