IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 108859 PIN# 4744021284 DATE 12/19/02

OWNER OR CONTRACTOR AH INC PHONE: Business _____ Home _____

ADDRESS 450 AUCTION DR SALISBURY NC 28147

LOCATION ~~5280~~ PERTH RD (N) - TR CLONTZ HILL - TR REDBUD CREEK - TR BLOCK CREEK - ON CT @ WILTSHIRE

SUBDIVISION ROCKY CREEK BLOCK / SECTION _____ LOT 92 LOT AREA .57AC SITE CLASS. RS DESIGN FLOW 360.10 L.T.A.R. .36/.90 PTL

Septic Tank: 1000 Gallons; STB 625 Date 10-10-02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 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% REDUCTION

Repair System Description: PUMP SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

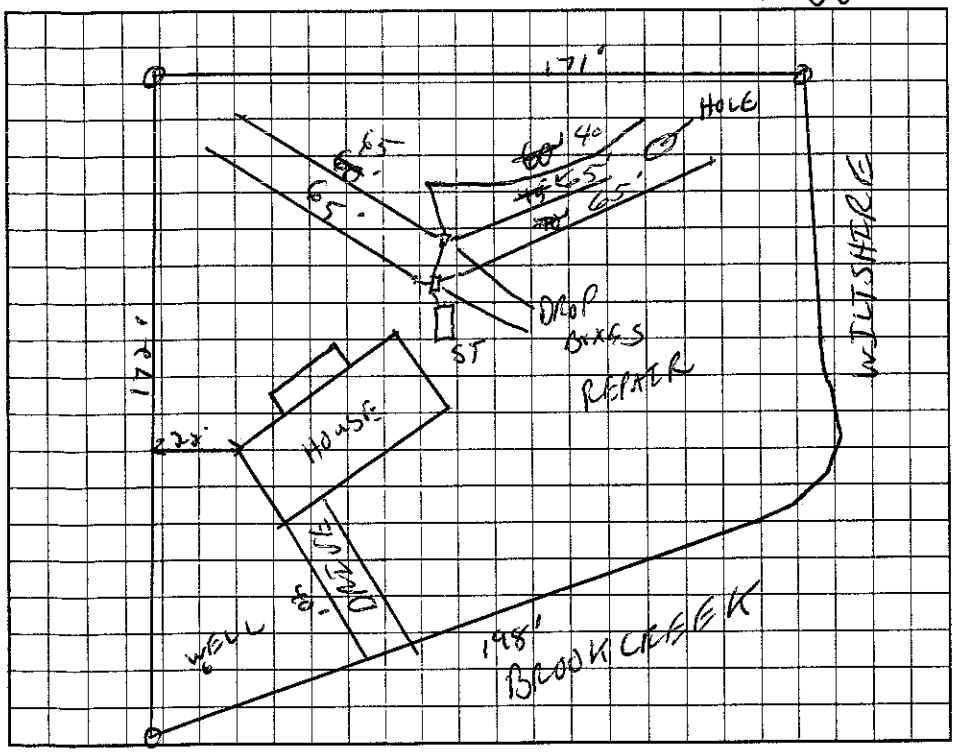
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

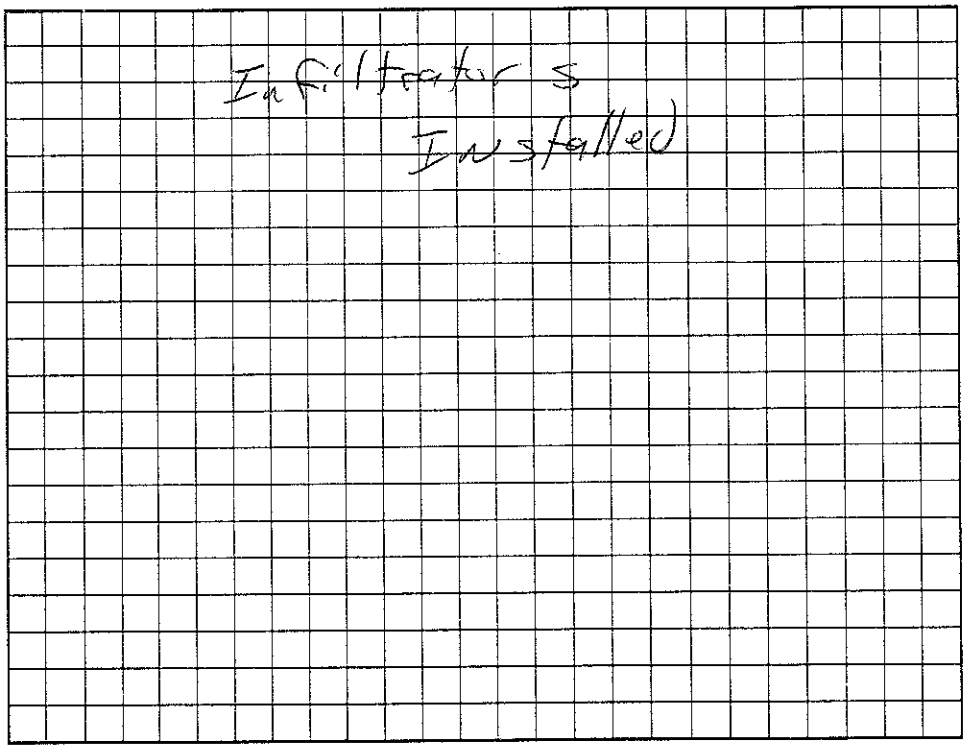
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH 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 12-19-02 Installed by: Rowan Septic

Improvement Permit by: C. [illegible] RS date 12/19/02 Operation Permit by: [illegible] RS date 12/19/02

Authorization to Construct by: C. [illegible] RS date 12/19/02 Existing System Inspection by: _____ date _____

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