3:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91130 PIN# ~~4740 20 3493~~ PT 4740304451 DATE 4/9/01

OWNER OR CONTRACTOR A H Inc PHONE: Business _____ Home 704-636-7765

ADDRESS 2310 S Main St Salisbury NC 28147

LOCATION Clontz Hill, R Ridge Crk, R Wiltshire, L Panther Crk, L Coquina on Rt.

SUBDIVISION Wiltshire Crk BLOCK / SECTION _____ LOT 12 LOT AREA 1.24 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 825 Date 5/16/01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4@100 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: Gravity/Pump Cond.

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

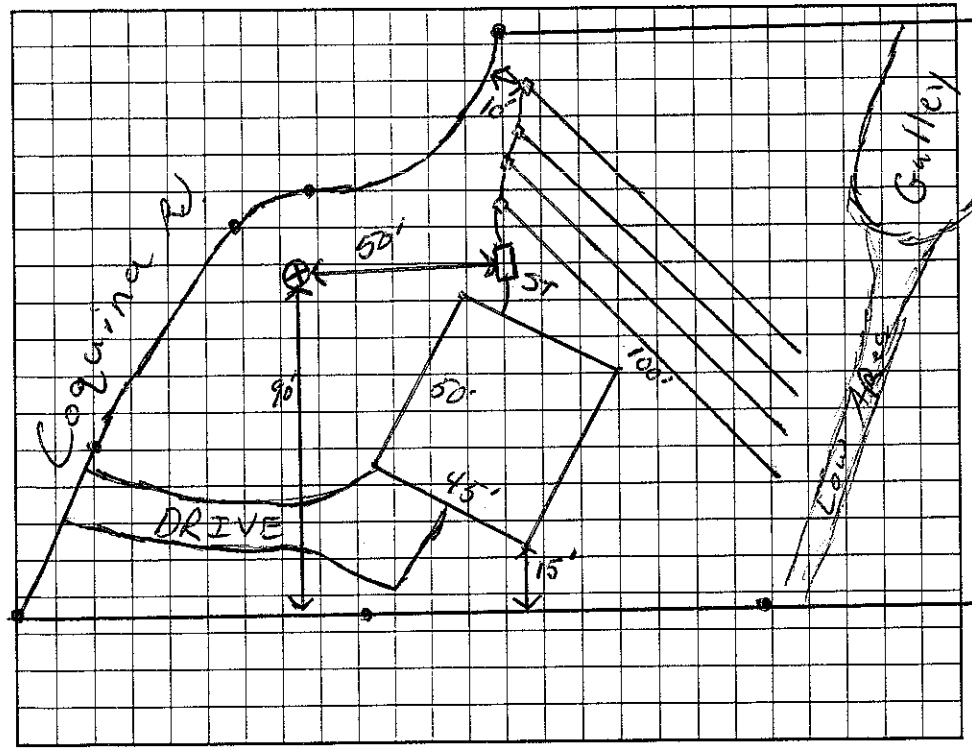
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

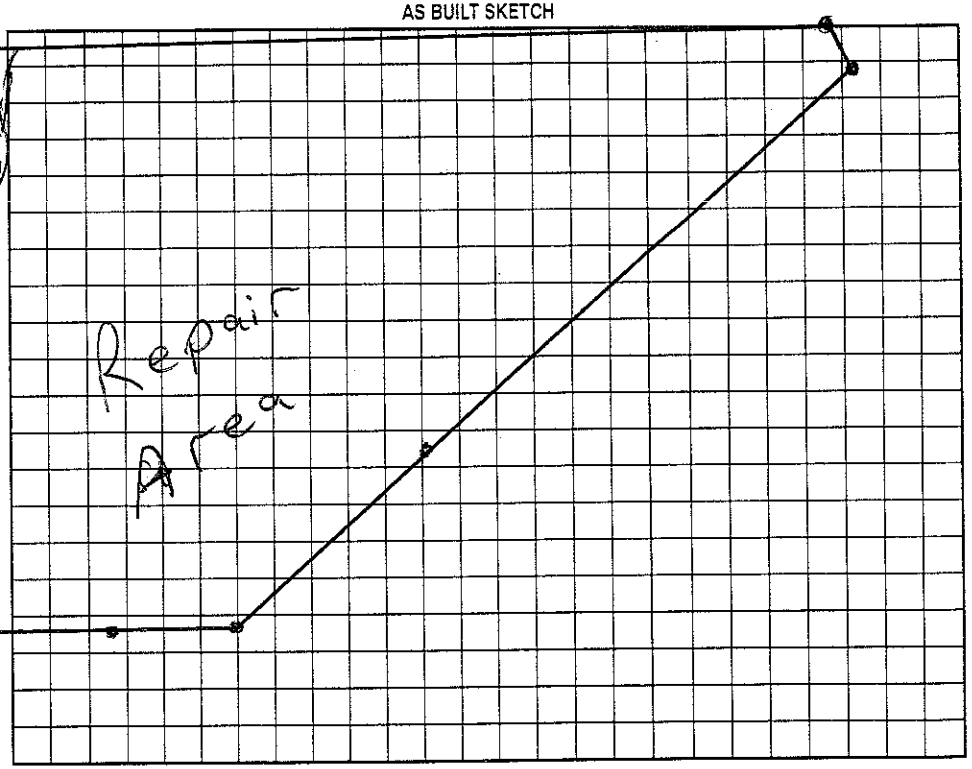
Comments:/Conditions: Install lines on contour - Keep lines 15' from Gulley, 50' from well

Comments:/Conditions:

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 5/15/01

Improvement Permit by: RSI date 4/9/01

Authorization to Construct by: RSI date 4/9/01

Installed by: Rowan Septic

Operation Permit by: RSI date 8/6/01

Existing System Inspection by: _____ date _____

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