IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-

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

PERMIT# 086479 PIN# 086479 474032 8058 PT 474042 5221 DATE 1/18/2000

OWNER OR CONTRACTOR Spears Construction PHONE: Business 636-7954 Mobile Home 361-7518

ADDRESS 607 Anderson Ave Salisbury NC 28144

LOCATION Hwy 115 N. TR Flowerhouse loop TR Glantz Hill TL Stately Pine at End

SUBDIVISION Forest Glen BLOCK / SECTION I LOT 7 LOT AREA 1.48 Acre SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date

Pump Tank: 1000 Gallons; PT 302 Date

Pump Make: ZOELLER Model N-163 Serial No. 8100

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

No Lines 3 at 100' 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: Pump - PM - 25% Reduction

Repair System Description: Pump - Panel Blk

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

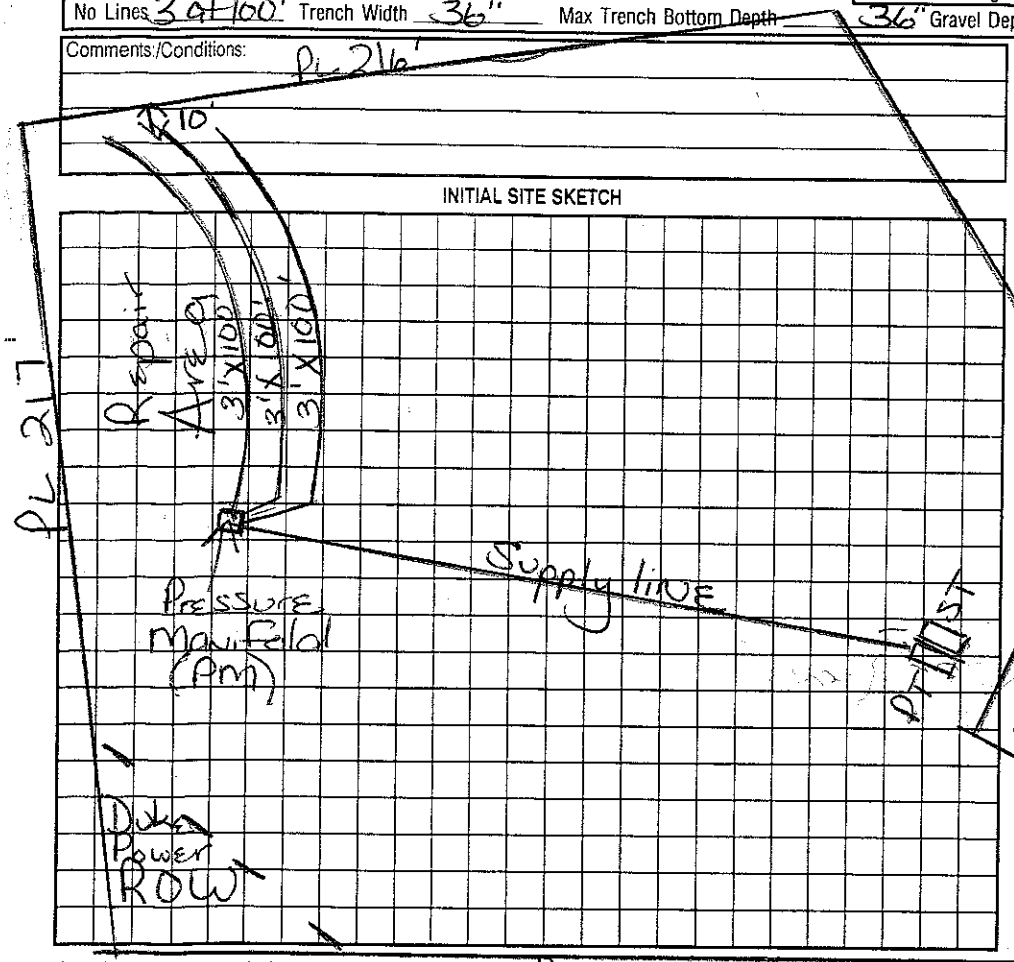
Water Supply: ☒ Individual ☐ Public ☐ Community

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

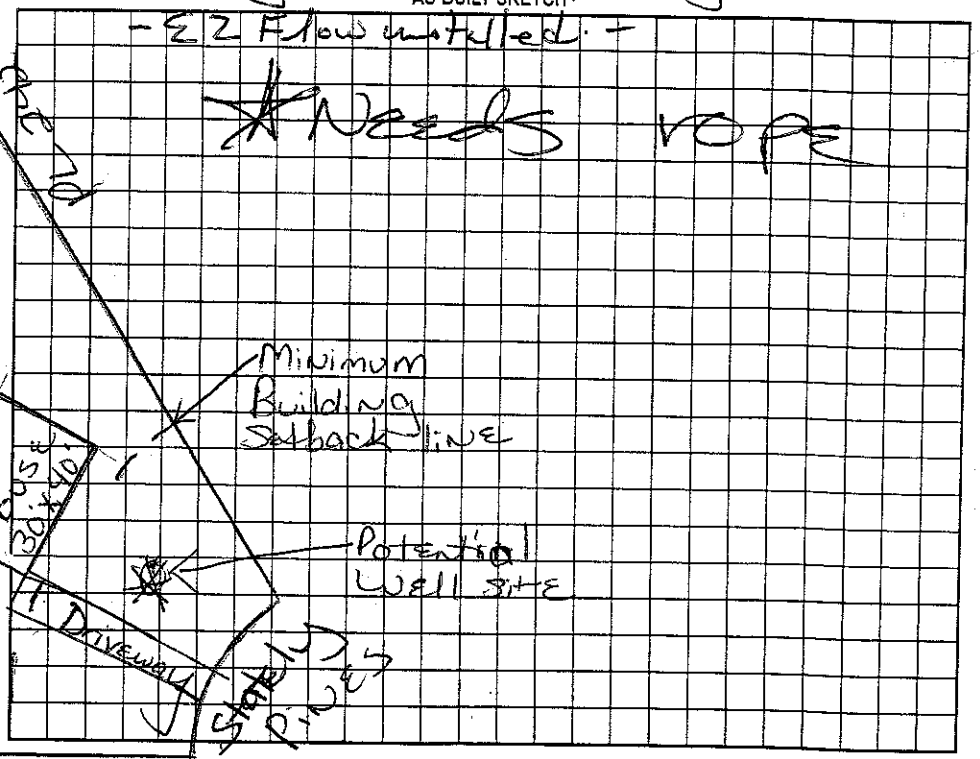
Comments:/Conditions: PL 216'

Comments:/Conditions: Keep Septic System at least 10' from PL & 50 to 100 Ft from any well. Keep well 25' from House & 50' to 100' from any part of Septic System.

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 2-3-00 Installed by: Rowan Septic Tank

Improvement Permit by: Maria H. Dotson date 1/18/2000 Operation Permit by: Maria Dotson date 9/25/00

Authorization to Construct by: Maria H. Dotson date 1/18/2000 Existing System Inspection by: _____ date _____

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

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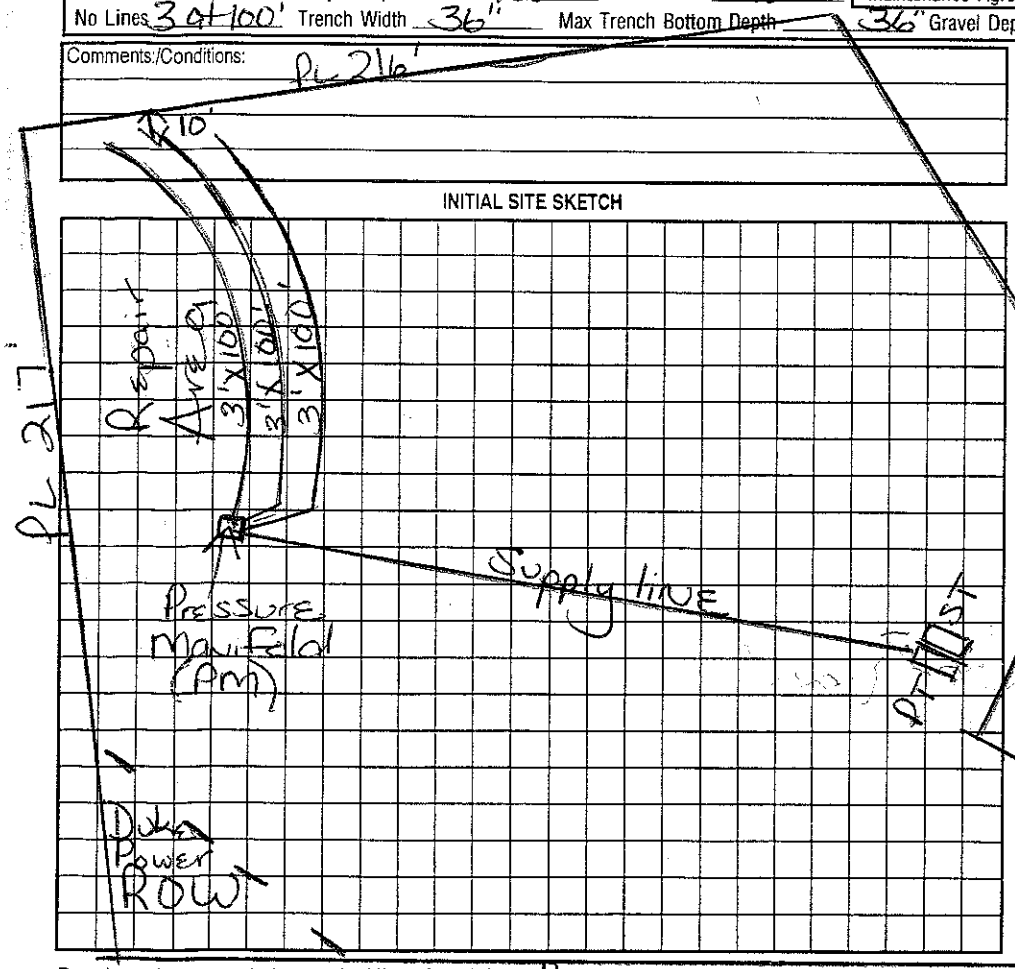
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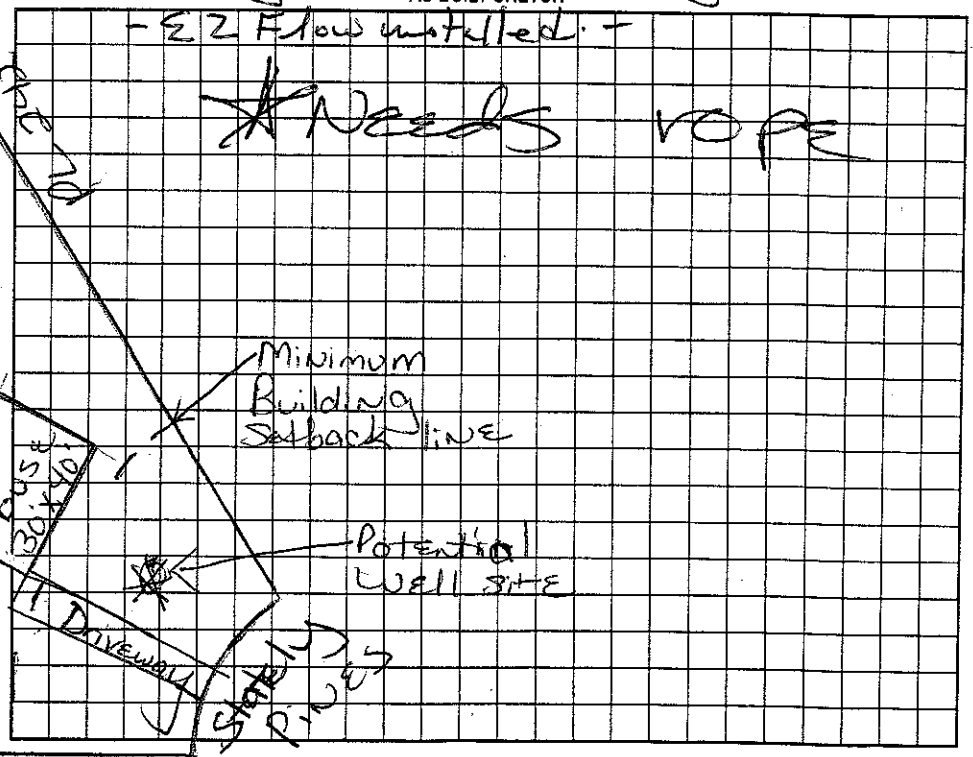
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Authorization to Construct by: Maria H. Watson date 1/18/2000 Existing System Inspection by: _____ date _____

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