4:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 086478 PIN# 4740328058 Pt 4740-42-5403 DATE 1/25/2000

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

ADDRESS 607 Anderson Ave Salisbury NC 28144

LOCATION Hwy 15 N TL Flowerhouse TR Liontz Hill TL Stately Pines at end on right

SUBDIVISION Forest Glen BLOCK / SECTION LOT 6 LOT AREA .84 Acre SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 825 Date 10/10/00
Pump Tank: 1000 Gallons; PT 302 Date 8/23/00
Pump Make: Zoeller Model N98 Serial No.
Nitrification Field: No Fields 1 Square Feet 1080' Linear Feet 360'
No Lines 4 at 90' Trench Width 36" Max Trench Bottom Depth 22" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Shallow-25% Reduction Pump
Repair System Description: Pump-Modified
Maintenance Agreement Required: ☐ Yes ☒ No

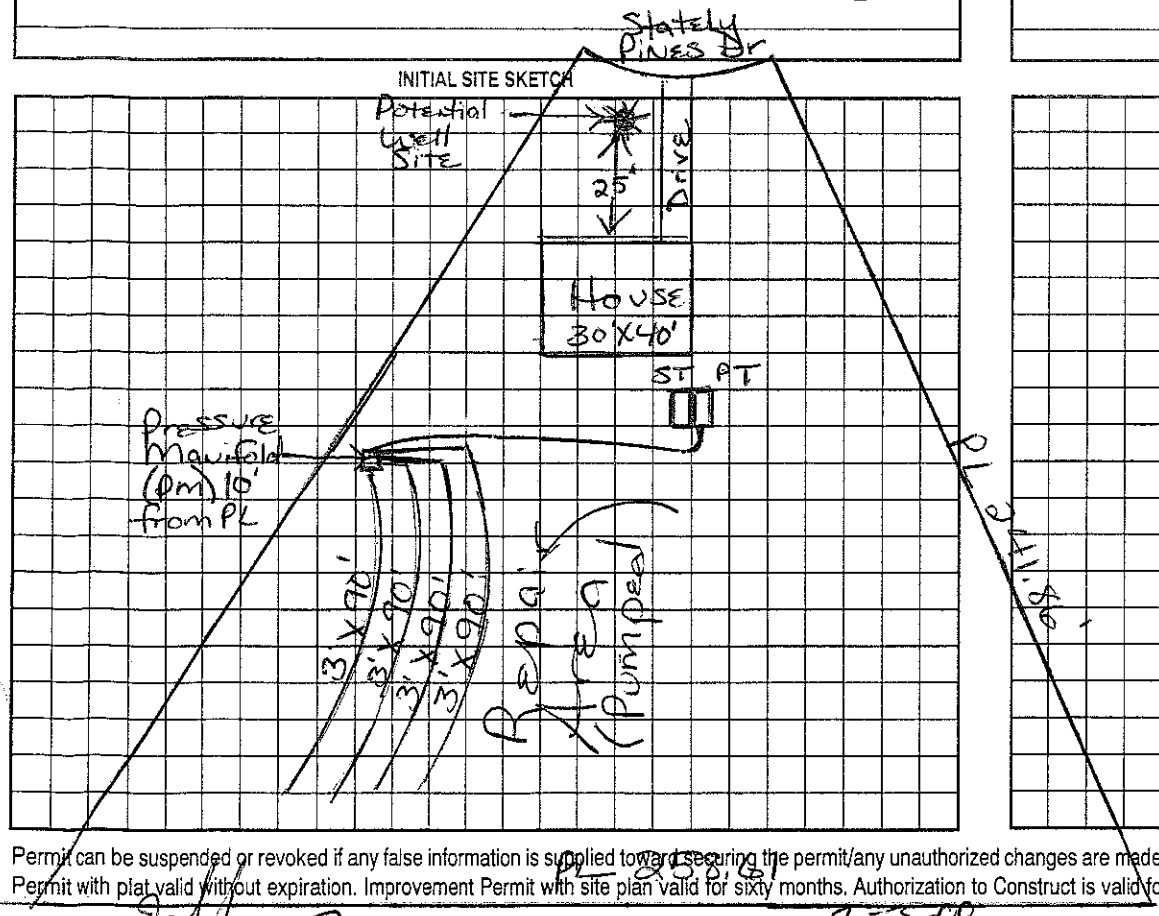
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

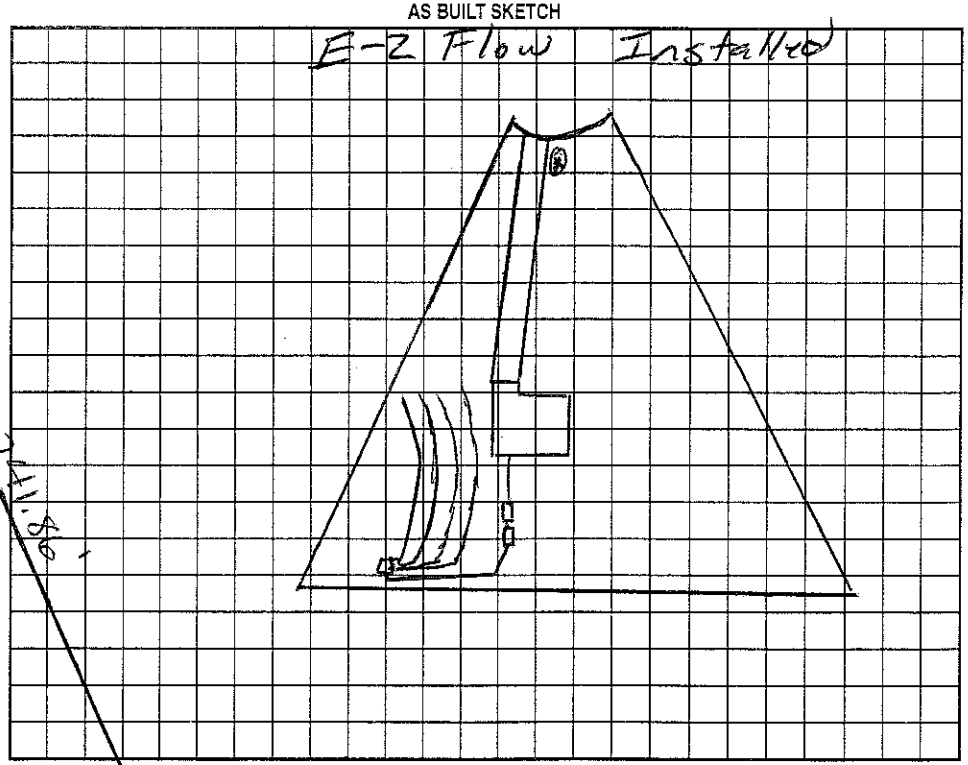
Comments:/Conditions: * Keep well outside of Rt of Way

Comments:/Conditions: * 25% Reduction in Drainfield area. Shallow placed system (such as EZ Lay).

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

Improvement Permit by: Maria H Hodgson RS date 1/26/2000 Operation Permit by: Wesley Sparks RS date 2/26/01

Authorization to Construct by: Maria H Hodgson RS date 1/26/2000 Existing System Inspection by: date

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