IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# D86476 PIN# ~~474032805~~ 4740-42-7630 DATE 1/19/2000

OWNER OR CONTRACTOR Spears Construction PHONE: Business (704) 636-7954 Home

ADDRESS 607 Anderson Ave Salisbury NC 28144

LOCATION Hwy 115 N. TL Flowerhouse TR Clodfelter Hill

SUBDIVISION Forest Glen BLOCK / SECTION I LOT 4 LOT AREA .55 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 1/7/02
Pump Tank: 1000 Gallons; PT 502 Date 12/14/02
Pump Make: Zoeller Model N 163-E Serial No.
Nitrification Field: No Fields 1 Square Feet 630' Linear Feet 210'
No Lines 3 at 70' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump (LPP) to Panel Blk
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees

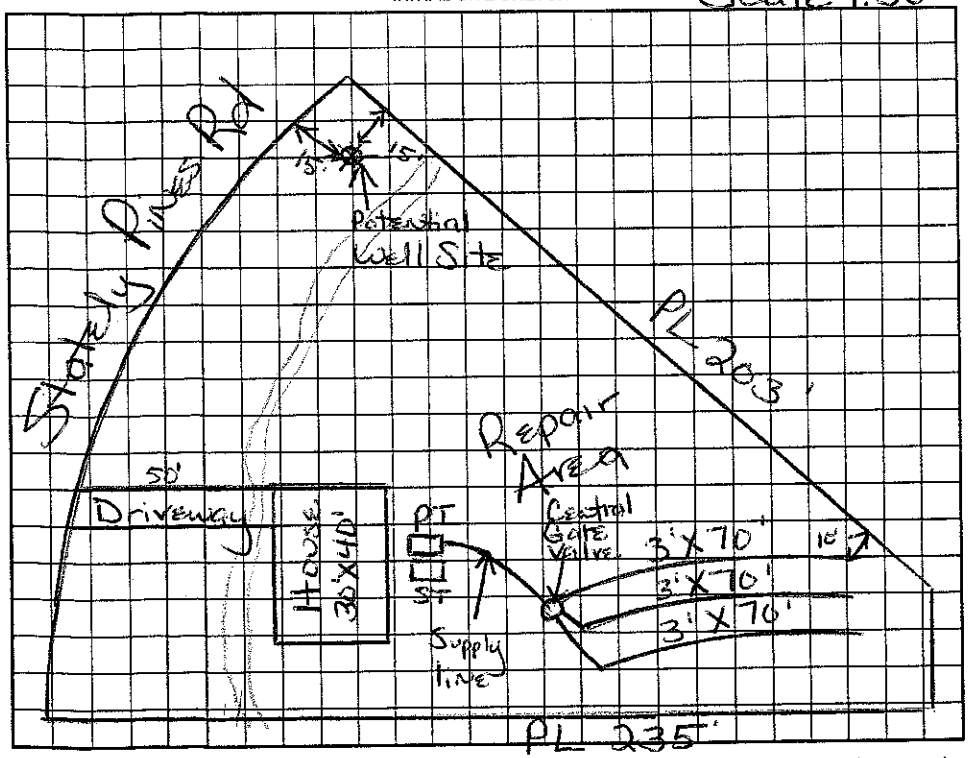
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

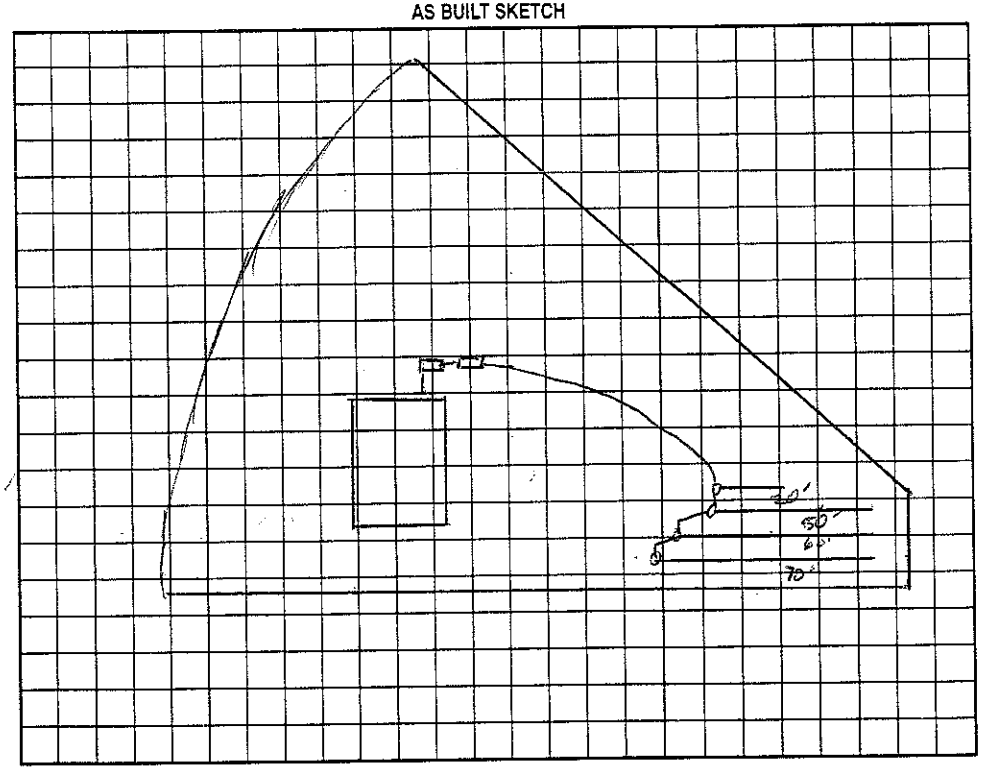
Comments:/Conditions: Keep Septic System 5' from house, 10' from PL & 50' to 100' from any well. Keep well out of gulley & 25' from house.

Comments:/Conditions:

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 2-3-00 Installed by: Rowan Septic

Improvement Permit by: Maria H Wilson RS date 1/19/2000 Operation Permit by: date 4/29/02

Authorization to Construct by: Maria H Wilson RS date 1/19/2000 Existing System Inspection by: date

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