IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (3100) MOORESVILLE 704-664-5281

Formerly lots 24 & 26.

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

PERMIT# _____ PIN# 4740-42-7721 DATE 11-16-99

OWNER OR CONTRACTOR Spear Construction PHONE: Business 361-7518 Mobile/Home 202-4964

ADDRESS 607 Anderson Ave Salisbury, NC 28144

LOCATION Perth Rd TL Glentz Hill Rd TR Valley into Forest Glen 3rd lot on right

SUBDIVISION Forest Glen BLOCK / SECTION II LOT 3 LOT AREA .59 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 11/00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 @ 60' 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 to 25% Reduction

Repair System Description: Gravity to Modified

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

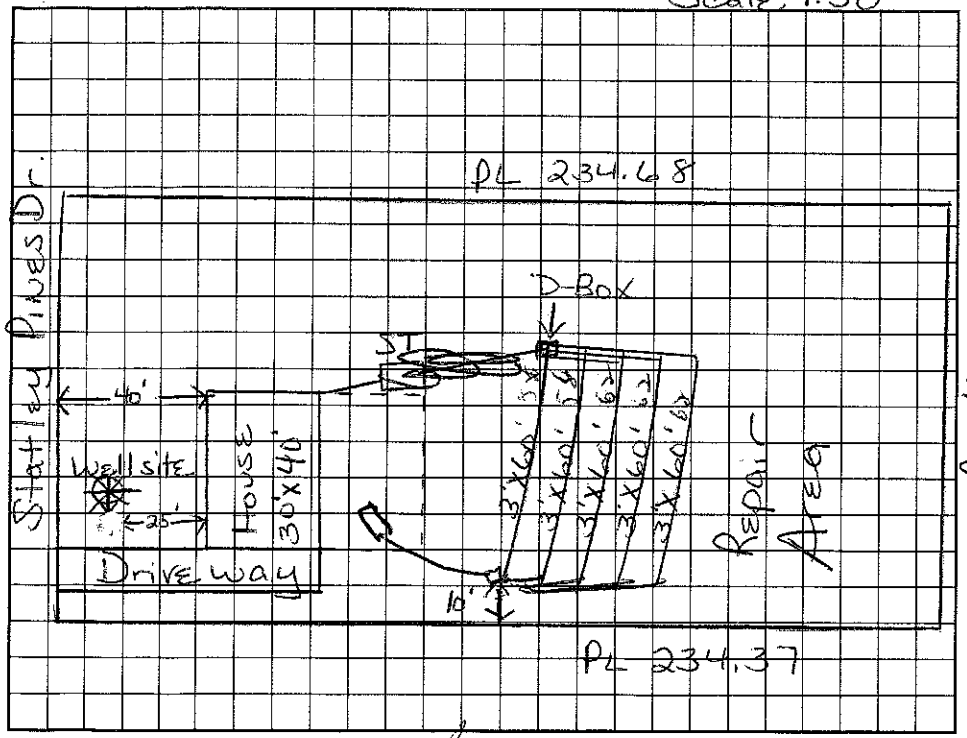
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Install Septic System in area behind area disturbed for house pad. Keep Septic System at least 10' from PL, 5' from house & 50-100' from any well

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 12-10-99 Installed by: Rowan Septic

Improvement Permit by: Maria H H Dotson R.S. date 11/16/99 Operation Permit by: _____ R.S. date 2/10/00

Authorization to Construct by: Maria H H Dotson R.S. date 11/16/99 Existing System Inspection by: _____ date _____

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