IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-66

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

PERMIT# 086484 PIN# ~~4740328058~~ 4740-42-9543 DATE 11/9/2000

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

ADDRESS 607 Anderson Ave Salisbury, NC 28144

LOCATION Hwy 115 TL Flowerhouse TL Dont Hill TL Stately Pines on left

SUBDIVISION Forest Glen BLOCK / SECTION I LOT 11 LOT AREA .5 Acre SITE CLASS. PSJ DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 12/11/00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 at 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity - 25% Reduction

Repair System Description Grav/Pump - Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

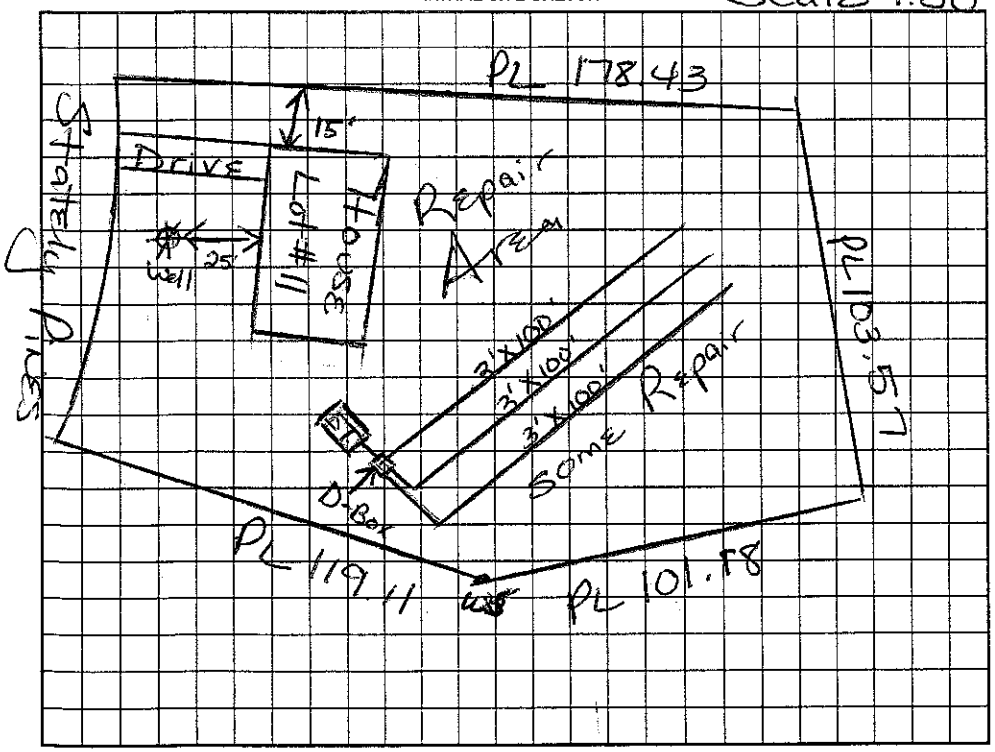
☒ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' from PL, 5' from house & 50' 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 11/28/00 Installed by: Rowan Septic Tank

Improvement Permit by: Maria H. Dotson RS date 11/9/2000 Operation Permit by: Wesley Sparks RS date 1/23/01

Authorization to Construct by: Maria H. Dotson RS date 11/9/2000 Existing System Inspection by: _____ date _____

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