IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 087201 PIN# 4740328058 PT 4740 52 1141 DATE 1-10-2000

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

ADDRESS 607 Anderson Ave Salisbury, NC 28144

LOCATION Perth TR Clontz Hill TR Stately Pines TR Misty Spring at end

SUBDIVISION Forest Glen BLOCK / SECTION 2 LOT 23 LOT AREA 2.41 Acre SITE CLASS. PSI DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 5-15-00
Pump Tank: 1000 Gallons; PT 302 Date 5-4-00
Pump Make: ZOELLER Model N-163 Serial No. 1100
Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'
No Lines 4 at 75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: Pump-pm-25% Reduction
Repair System Description: Pump-Modified (Pond)
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

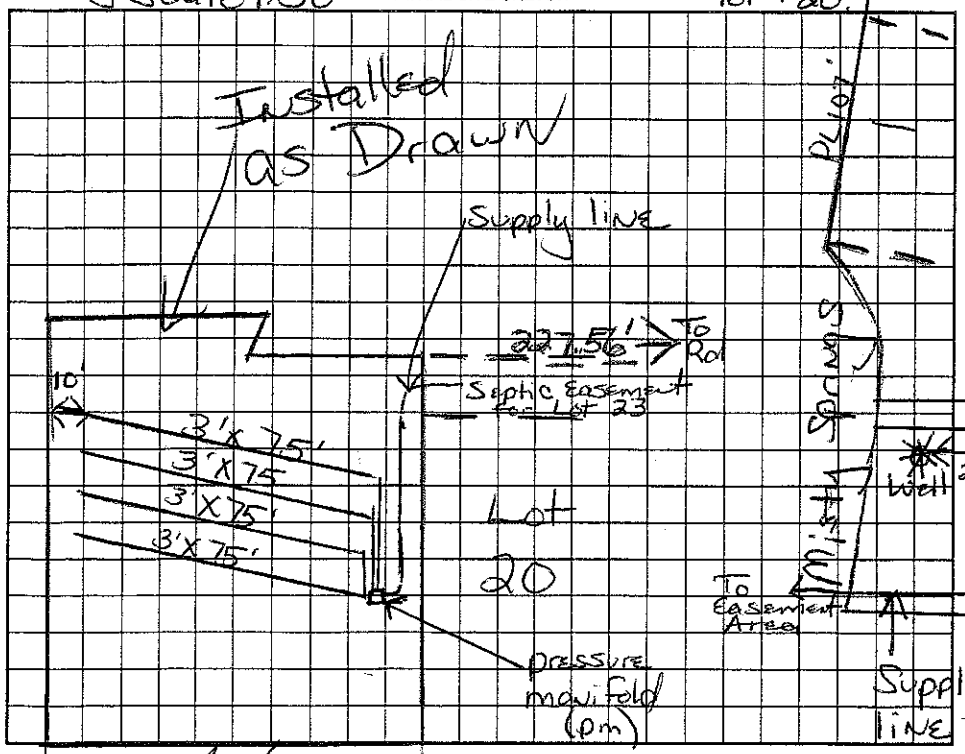
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

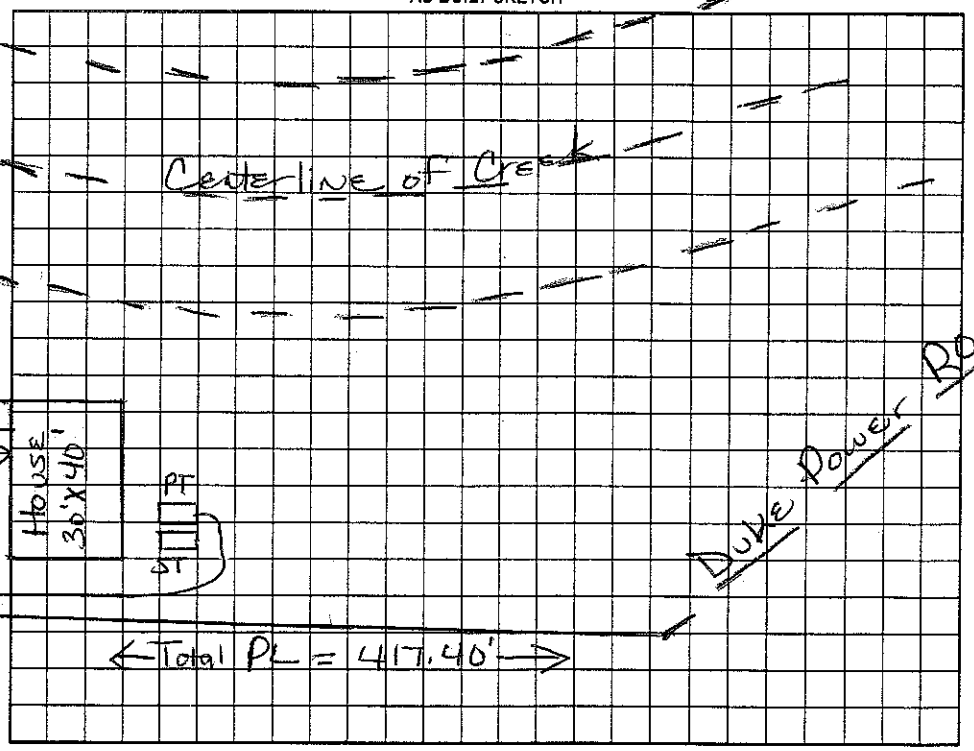
Comments/Conditions: Keep Septic System at least 10' From PL & 50' to 100' feet from ANY well. ★ Drainfield located offsite in Easement designated as "Septic lot for Lot #23" Behind lot #20.

Comments/Conditions: Drain Lines checked 6/22/00 MD Filter installed Pressure checked 7/11/00

Scale 1:50 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 1/14/00 Installed by: Rowan Septic

Improvement Permit by: Maria H. Dotson RS date 1/10/2000 Operation Permit by: _____ RS date 7/20/00

Authorization to Construct by: Maria H. Dotson RS date 1/10/2000 Existing System Inspection by: _____ date _____

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