IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 087203 PIN# ~~4740328058PT~~ 4740-52-1573 DATE 9/28/2000

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

ADDRESS 607 Anderson Ave Salisbury NC 28144

LOCATION Hwy 115 N TL Flowerhouse TR Clontz Hill TR Stately Pines TL Misty Springs

SUBDIVISION Forest Glen BLOCK / SECTION II LOT 25 LOT AREA 1.9 Acre SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 925 Date 9/18/00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 4 at 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: (II), III, IV, V, VI
System Description: Gravity - Conventional
Repair System Description: Innovative
Maintenance Agreement Required: ☐ Yes ☒ No

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

Water Supply: ☒ Individual ☐ Public ☐ Community

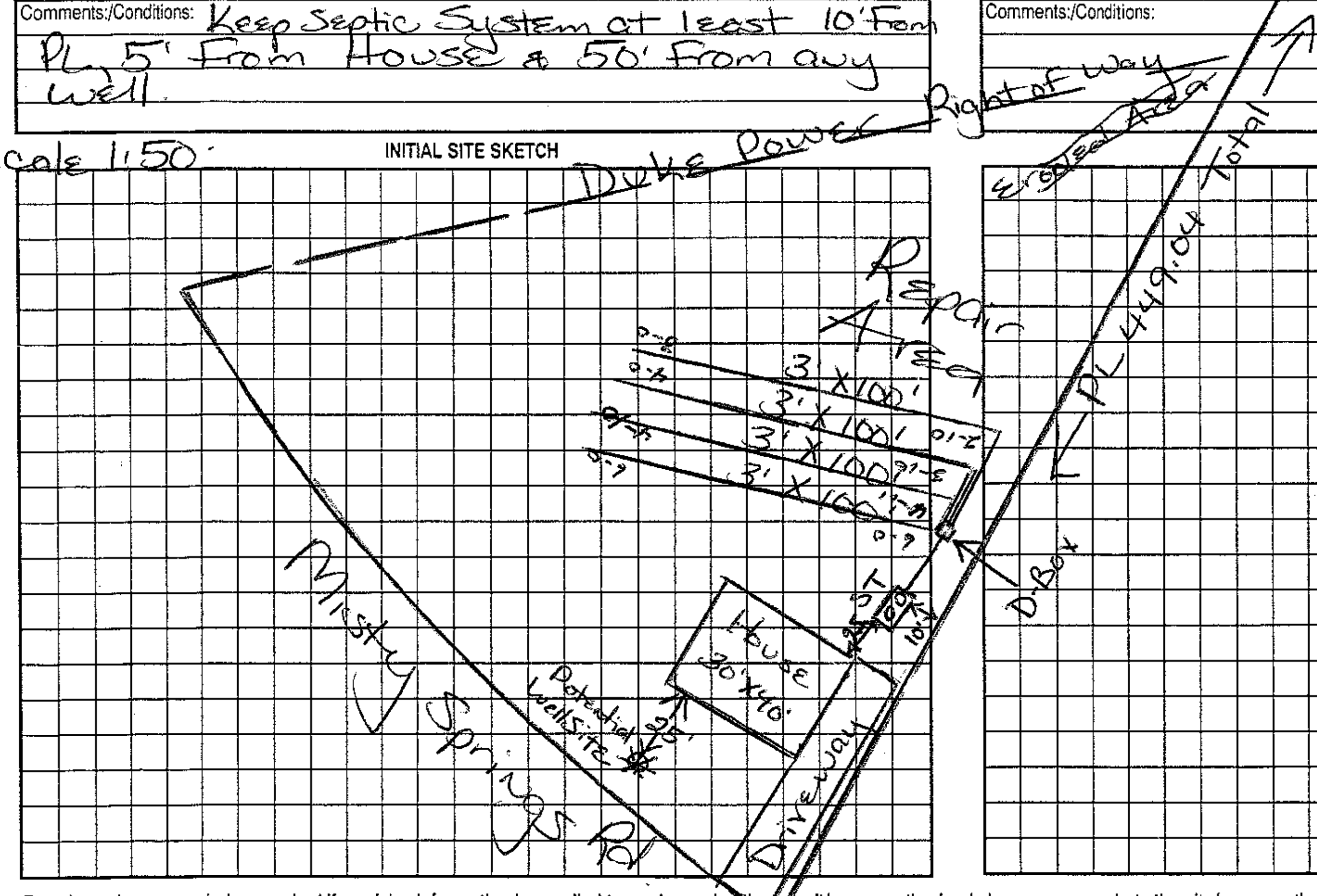
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Keep Septic System at least 10' From PL, 5' From House & 50' From any well

Comments:/Conditions:

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: [signature] date 10/3/00 Installed by: Rowan Septic Tank

Improvement Permit by: Maria H. Dobson RS. date 9/28/2000 Operation Permit by: Wesley Sparks RS. date 10/19/00

Authorization to Construct by: Maria H. Dobson RS date 9/28/2000 Existing System Inspection by: date

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