IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 12500 Paid 3/30 MOORESVILLE 704-664-5281

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

PERMIT# 087202 PIN# 4740328058 PT 4740-52-2383 vv DATE 2/12/2001

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

ADDRESS 607 Anderson Ave Salisbury, NC 28144

LOCATION Perth Rd TR Clontz Hill TR Stately Pine TL Misty Springs

SUBDIVISION Forest Glen BLOCK / SECTION 2 LOT 24 LOT AREA 1.84 Acre SITE CLASS. PS DESIGN FLOW Bedroom L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 525 Date 8/15/01
Pump Tank: 1000 Gallons; PT 302 Date 6/12/01
Pump Make: Zoeller Model N95 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: Pump (Pm) - 25% Reduction
Repair System Description: Pump - Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

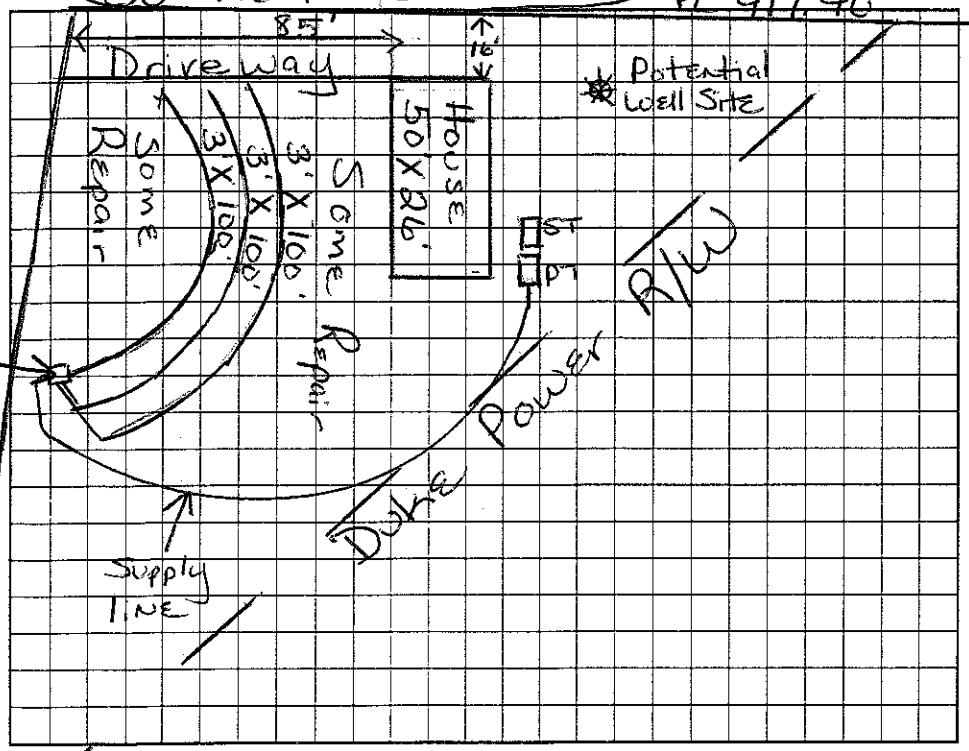
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Note: Very tight site, Must adhere to Setbacks. 50' from any well, 10' from PL & 5' From House Stay ✱ Neighbors Well 50' From

Comments:/Conditions: IF initial drainfield won't fit in 3 lines then Contact Health Dept Keep Drainfield & tanks out of Duke Power R/W

INITIAL SITE SKETCH



AS BUILT SKETCH

EZ Flow Install as Drawn

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 3/7/01 Installed by: Rowan Septic

Improvement Permit by: Maria H. Dotson RS date 2/12/2001 Operation Permit by: _____ RSI date 11/1/01

Authorization to Construct by: Maria H. Dotson RS date 2/12/2001 Existing System Inspection by: _____ date _____

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