IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 87199 PIN# 4740-52-6034 ✓✓ DATE 3-8-2001

OWNER OR CONTRACTOR Spears Construction PHONE: Business 202-4964 Home

ADDRESS 607 Anderson Salisbury, NC 28144

LOCATION Perth Rd TR Clontz Hill TR Valley Springs TL Misty Springs

SUBDIVISION Forest Glen BLOCK / SECTION LOT 22/22A LOT AREA SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 3-10-01
Pump Tank: 1000 Gallons; PT 302 Date 3-2-01
Pump Make: Zoeller Model M140 Serial No.
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 300'
No Lines ~~4 at 75'~~ 5 at 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: Pump (Pm) 25% Reduction
Repair System Description: Pump - Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

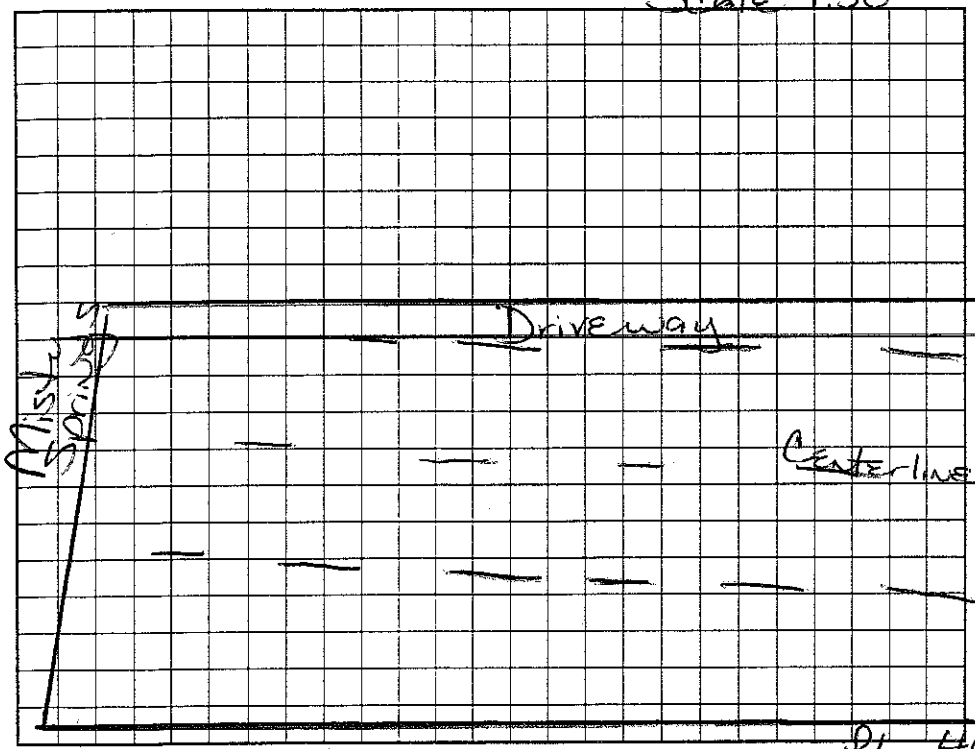
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

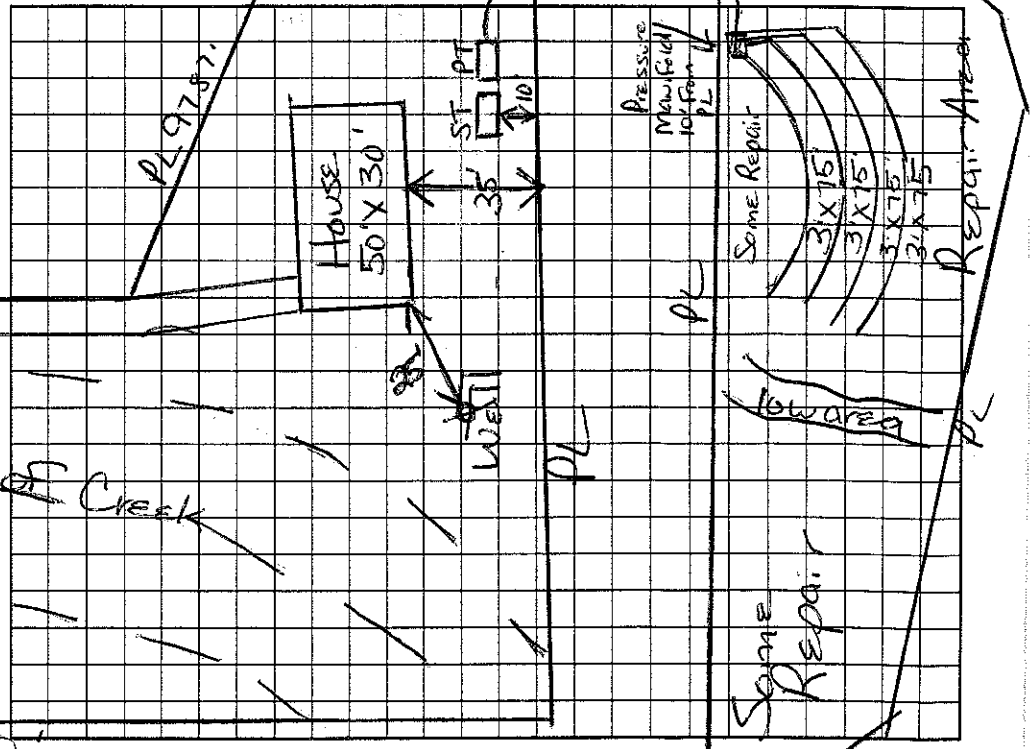
Comments:/Conditions: Keep Septic System at least 10' From PL, 50' From Creek and at least 50' from ANY well.

Comments:/Conditions: Installed 5-60' EZ Flow Drainlines

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 3/12/01 Installed by: Rowan Septic

Improvement Permit by: Maina M. Dotson RS date 3/8/2001 Operation Permit by: RSI date 7/3/01

Authorization to Construct by: Maina M. Dotson RS date 3/8/2001 Existing System Inspection by: date

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