IREDELL COUNTY HEALTH DEPARTMENT

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

4:00

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

PERMIT# 087195 PIN# 4740328058 PT Max Jr. 4740-52-6539 DATE 2/12/2001

OWNER OR CONTRACTOR MaxSpears Construction PHONE: Business 202-4964 Home 636-7954

ADDRESS 607 Anderson Ave Salisbury NC 28144

LOCATION Perth TR Clontz Hill TR Stately Pines TR Misty Spring

SUBDIVISION Forest Glen BLOCK / SECTION ____ LOT 18 LOT AREA 2.44 Acre SITE CLASS. PS DESIGN FLOW 360 gpd T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 3-14-01
Pump Tank: 1000 Gallons; PT 302 Date 5-7-01
Pump Make: ____ Model N137 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: I, II, III, IV, V, VI
System Description: Pump - Conventional
Repair System Description: Pump - 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

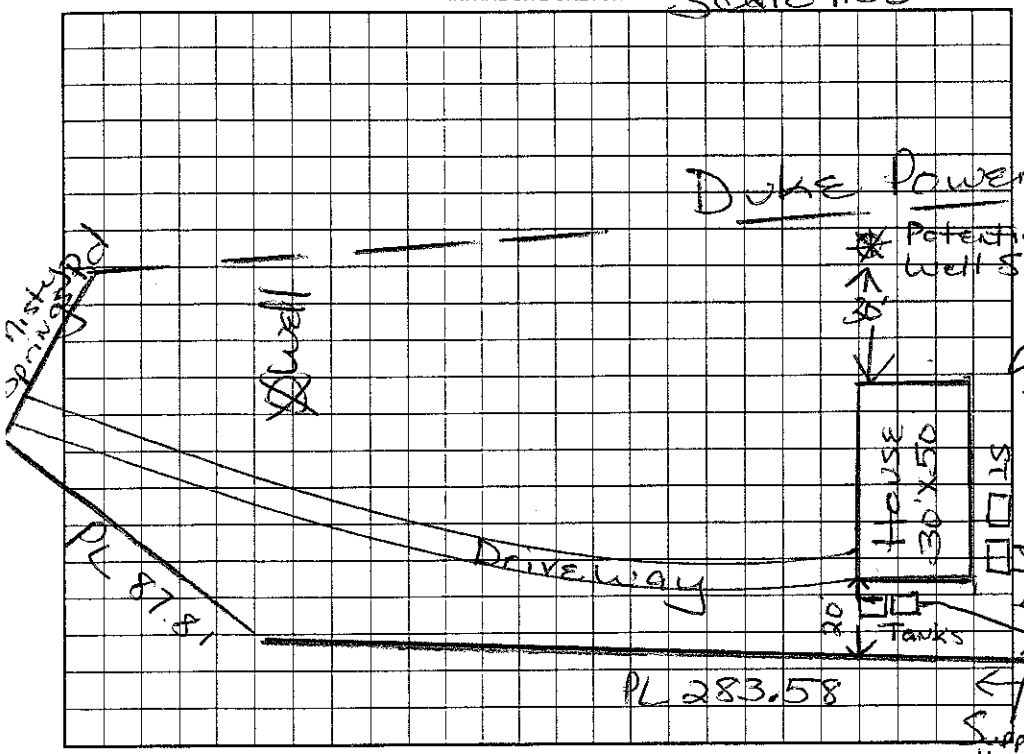
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

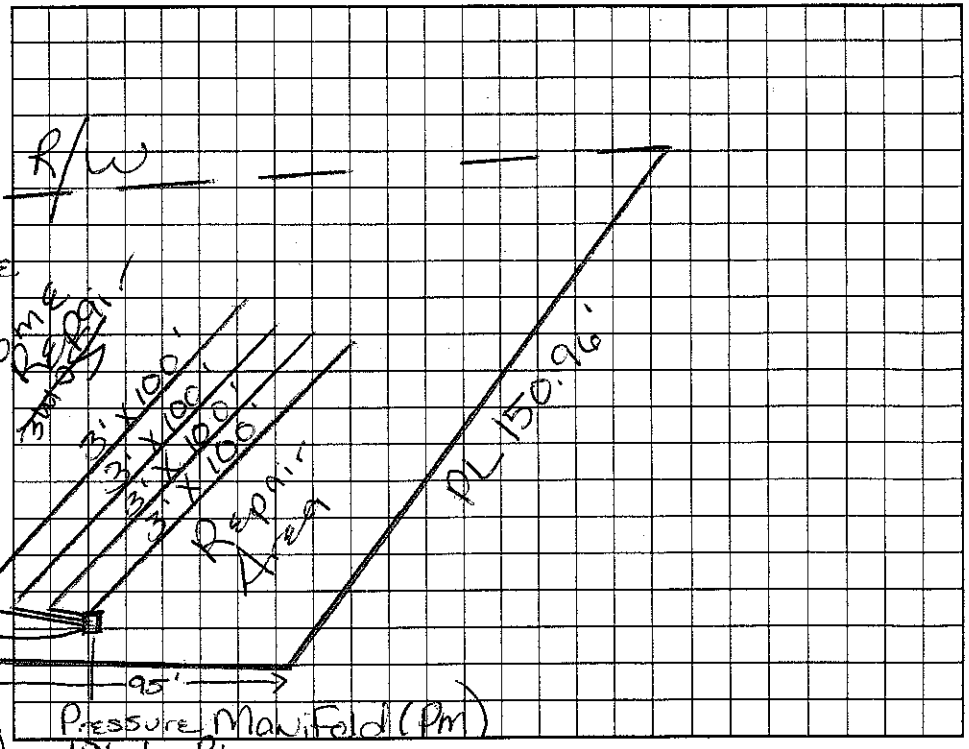
Comments:/Conditions: Keep Septic System at least 10' from PL, 5' from house & 50' from any well. Must keep Septic System out of Duke Power R/W.

Comments:/Conditions: Filter installed Tanks, lines & pressure checked 7/23/2001

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 3/7/01 Installed by: Rowan Septic

Improvement Permit by: Maria H. Watson RS date ____ Operation Permit by: ____ date 8/14/01

Authorization to Construct by: Maria H. Watson RS date ____ Existing System Inspection by: ____ date ____

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