IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 21831 DATE 8/16/95 TAX MAP NO. 4G 4 A 41 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Carroll Fisher Const PHONE: Business 633-6124 ~~Home~~ 4750-98-3362

ADDRESS 614 N Main St Salisbury NC. 28144

LOCATION O.S Walt Overby (R) Weathers Cir, (R) Pheasant Run. Lot on (L) at end of hill

SUBDIVISION Pheasant Run BLOCK / SECTION 2 LOT 41 LOT AREA .66AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 9/9/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: DIST BOX - CONVENTIONAL

Repair System Description: Pressure

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

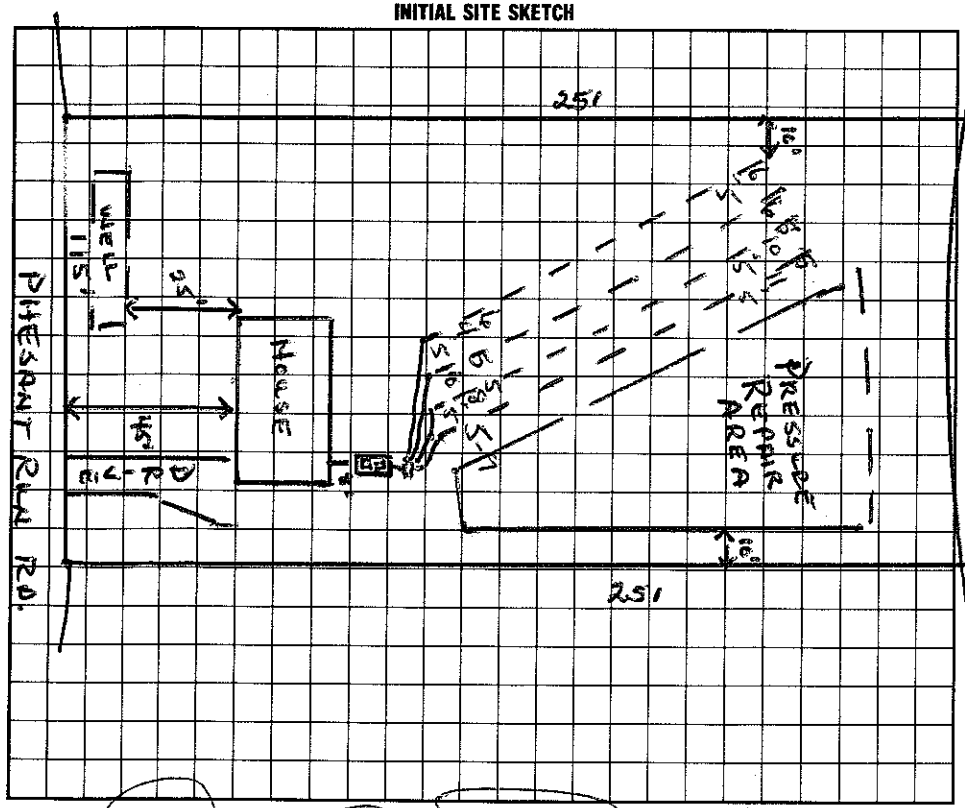
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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.

Signed: _____

Improvement Permit by: Wesley Sparks RS. date 8/16/95

Existing System Inspection by: _____ date _____

Installed by: Rowan Septic Tank

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS. date 12/13/95

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