IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100597 PIN# 4756 23 2973 DATE 5-29-01

OWNER OR CONTRACTOR SPEAR CONST PHONE: Business 704-636-7954 Home

ADDRESS 607 ANDERSON AVE, SALISBURY, NC 28144

LOCATION HWY 21 N, ① JANE SOWERS, ② CRAWFORD, ③ BROOKVIEW, ON LFT

SUBDIVISION BRANTWOOD BLOCK / SECTION LOT 4 LOT AREA .56 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1060 Gallons; STB 825 Date 5-4-01
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 36" Gravel Depth 12"

X New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: CONV GRAV
Repair System Description: GRAV PANEL / LP PANEL
Maintenance Agreement Required: ☐ Yes X No

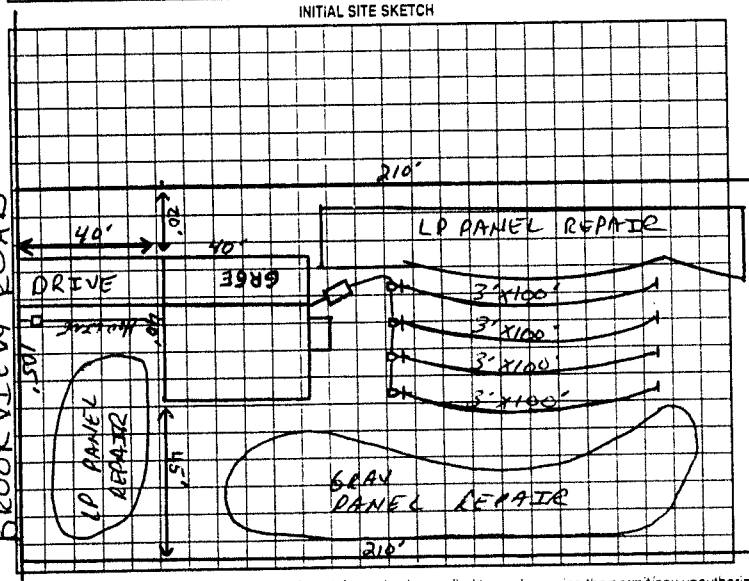
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

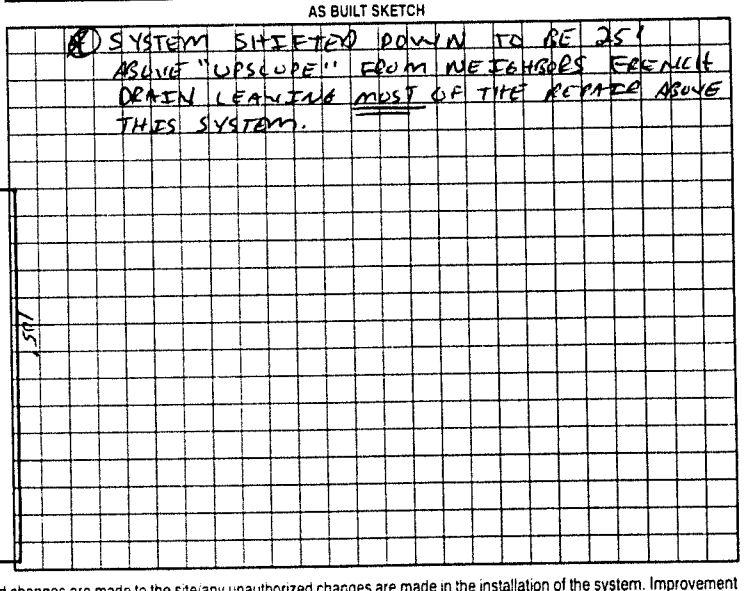
Comments/Conditions: ① INSTALL LINES ON CONTOUR ② MAINTAIN SETBACKS ③ USE 4 DROP BOXES ④ Conserve All Trees As Possible, recommended by builder

Comments/Conditions: POLYLOK FILTER + MARKER INSTALLED AS SHOWN

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: date 5/30/01 Installed by: FOXIAN SEPTIC

Improvement Permit by: Jim Cook RSI date 5-29-01 Operation Permit by: Jim Cook RSI date 7-12-01

Authorization to Construct by: Jim Cook RSI date 5-29-01 Existing System Inspection by: date

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