CF

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101337 PIN# 4765-93-7795.3 DATE [redacted] 7-25-01

OWNER OR CONTRACTOR A H INC PHONE: Business 704-885-2300 Home

ADDRESS 450 AUCTION DR, SALISBURY, NC 28147

LOCATION HWY 64 E, @ TRIPLE OAKS, 3rd LOT ON LFT

SUBDIVISION TRIPLE OAKS BLOCK / SECTION LOT 3 LOT AREA .4591 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825 Date 7-3-01
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No
Nitrification Field: No Fields 1 Square Feet EQUIV Linear Feet 300'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

X New System ☐ Repair System Type: I. II (III) IV. V. VI
System Description: GRA-1 250lb PER
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes X No
Gravel Depth N/A ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

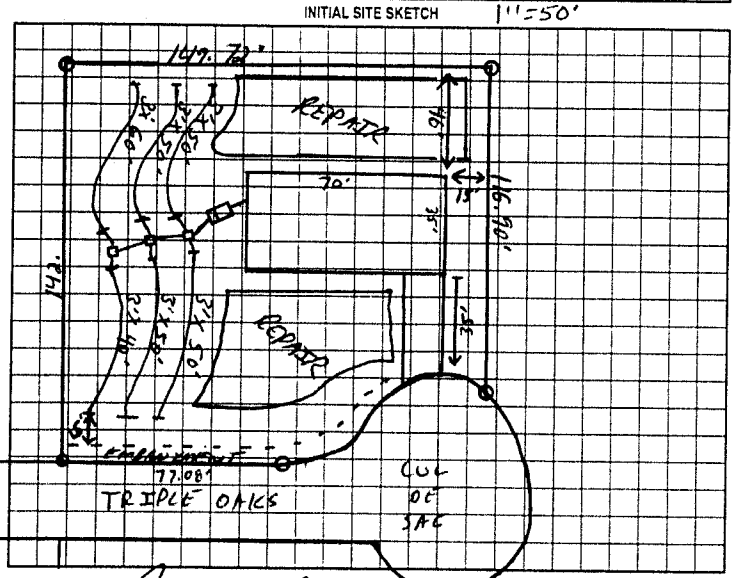
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual X Public ☐ Community

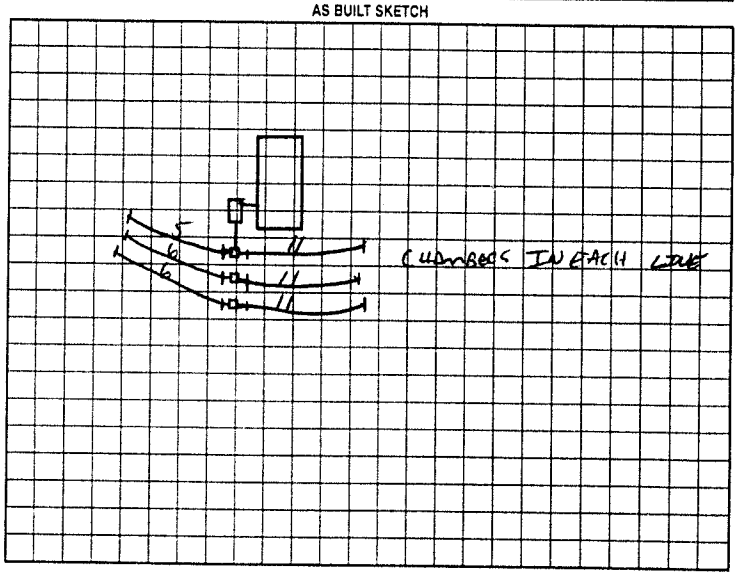
Comments/Conditions: ① INSTAL LINES (REAR) 36" DEEP DUE TO BETTER SOILS ② MAINTAIN SETBACKS ③ INSTAL LINES ON CONTOURS ④ INSTALL 50 CHAMBERS OR 30 HOS SECTIONS

Comments/Conditions: POLY LOK FILTER INSTALLED AS SHOWN BELOW

INITIAL SITE SKETCH 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: [signature] date

Improvement Permit by: [signature] RS date 7-25-01

Authorization to Construct by: [signature] RS date 7-25-01

Installed by: ROWAN SEPTIC

Operation Permit by: [signature] RS date 9-11-01

Existing System Inspection by: date

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