IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090475 PIN# 4863 32 3448

OWNER OR CONTRACTOR SHARON COLBERT PHONE: Business Home 636-0710 DATE 6-29-2000

ADDRESS 4050 S. MAIN ST. SALISBURY NC 28147

LOCATION I-77 N, TR NC 901, TL EAGLE MILLS RD, TL TRIVETTE RD (1ST), LOT ON LEFT AT BOX # 303

SUBDIVISION BLOCK / SECTION LOT LOT AREA 0.93 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/EXISTING

Septic Tank: 1000 Gallons; STB Date
Pump Tank: EXISTING Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 360 Linear Feet 120
No Lines ONE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: MAX. FEASIBLE
Maintenance Agreement Required. ☐ Yes ☑ No

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

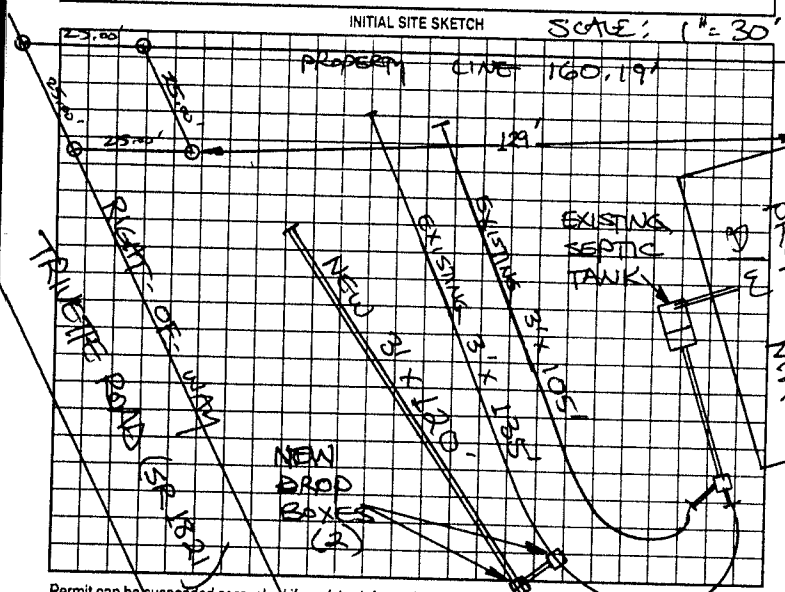
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

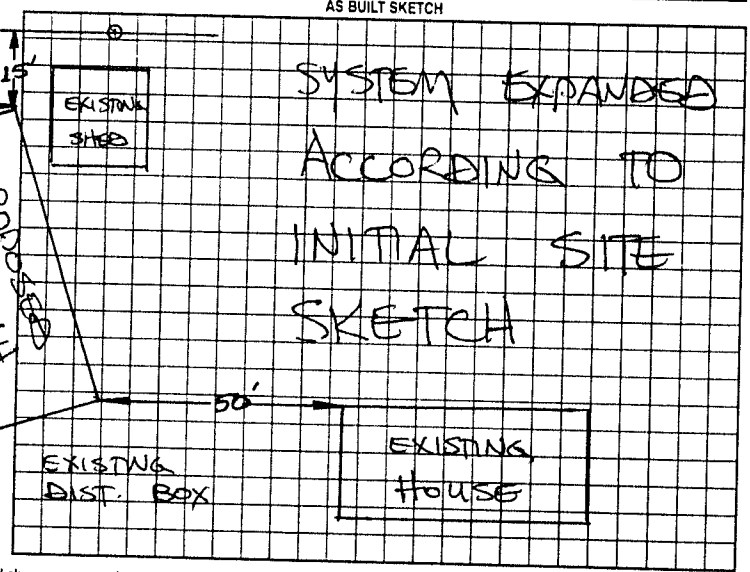
Comments:/Conditions: INSTALL NEW DROP BOXES AS SHOWN INTERSECTING EXISTING DRAINLINE & ACTING AS AS STEPDOWN INTO NEW 3'x120' LINE

Comments /Conditions.

INITIAL SITE SKETCH SCALE: 1" = 30'



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied to/and 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 plan 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: G. Daily date 7-11-00 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 6-29-2000 Operation Permit by: STEVE HEDRICK date 7-17-2000

Authorization to Construct by: STEVE HEDRICK date 6-29-2000 Existing System Inspection by: date

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