IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 325.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 102230 PIN# 4625-49-1289 DATE 11/19/01

OWNER OR CONTRACTOR Steve Folstad PHONE: Business _____ Home 704-660-1395

ADDRESS 115 Patience Pl, Troutman, NC. 28166

LOCATION 1100, TR Bay Harbour Tr Sanibel Ln. on R side of cul de sac

SUBDIVISION HARBOUR BLOCK / SECTION 3 LOT 64 LOT AREA .73 SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 10/14/03
Pump Tank: 1500 Gallons; PT 338 Date 9/24/03
Pump Make: MYERS Model ME50511 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 670 Linear Feet 350
No Lines 5 @ 70' Trench Width 2-3' Max Trench Bottom Depth 3 Gravel Depth SAND.

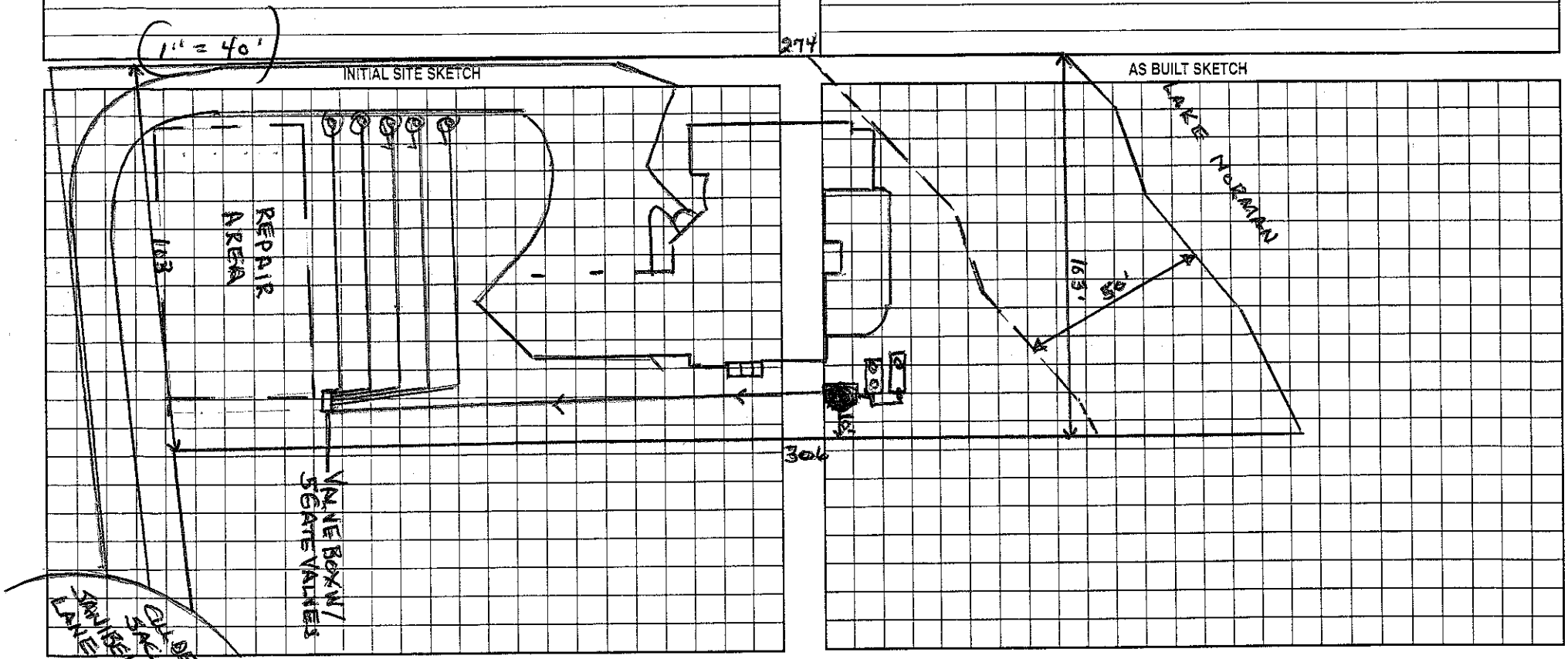
[X] New System [ ] Repair System Type: I, II, III, (IV), V, VI
System Description: Pressure Dosed 16" PPBPS
Repair System Description: SAME
Maintenance Agreement Required: [X] Yes [ ] No
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

[X] House/Mod. Home No. Bedrooms 5
[ ] Mobile Home No. Bathrooms 4
[ ] Business No. Employees _____
[ ] Other _____

Water Supply:
[ ] Individual
[ ] Public
[X] Community
HARBOUR

Comments:/Conditions: MAINTENANCE CONTRACT REQUIRED.

Comments:/Conditions:



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 12/5/01

Improvement Permit by: Wesley Sparks RS. date 11/19/01

Authorization to Construct by: Wesley Sparks RS. date 11/19/01

Installed by: M=L Lead Constr.

Operation Permit by: Wesley Sparks RS. date 4/5/04

Existing System Inspection by: _____ date _____

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