IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118799 PIN# 4646 19 56 09 DATE 12/22/04

OWNER OR CONTRACTOR William Rotteck PHONE: Business _____ Home _____

ADDRESS _____

LOCATION _____

SUBDIVISION Farmstead BLOCK / SECTION 2 LOT 46 LOT AREA _____ SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet _____ Linear Feet 300'
No Lines 5@60 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Gravity-25% Reduction
Repair System Description: Panel Block
Maintenance Agreement Required: [ ] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ___
[ ] Other _____

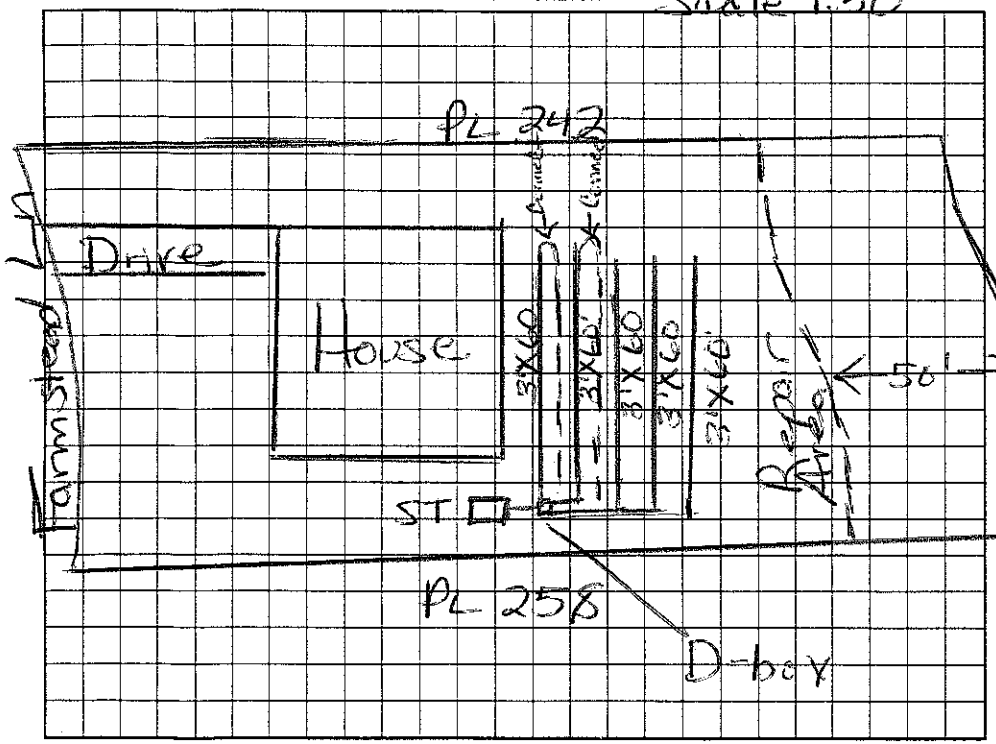
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

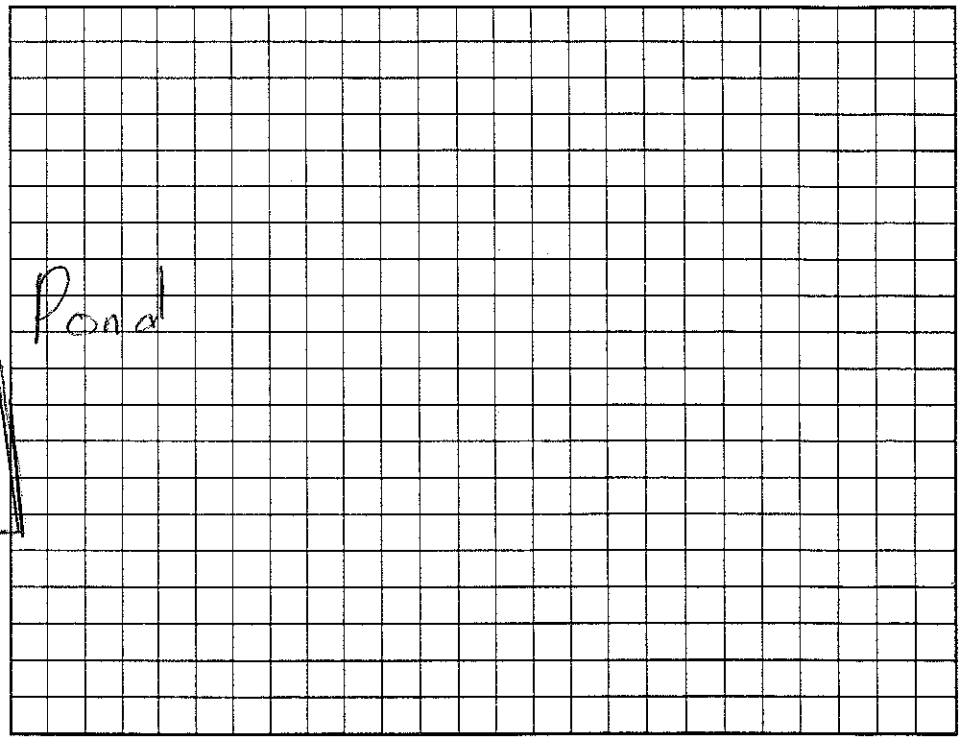
Comments/Conditions: Connect line 1 to line 2 (disconnect existing line 2 & line 4) From D-box. Extend lines 1, 3 & 5 10 ft more. Add 2 more lines @ 60 Ft each (9 Ft on center

Comments/Conditions:

INITIAL SITE SKETCH Scale 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: Petra M Rotteck RS date _____ Installed by: T.W. Ammons RS

Improvement Permit by: Maria H Dotson RS date 12/22/04 Operation Permit by: Maria H Dotson date 3/15/05

Authorization to Construct by: Maria H Dotson RS date 12/22/04 Existing System Inspection by: _____ date _____

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $130 MOORESVILLE 704-664-5281

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

PERMIT# 118799 PIN# 4646195609 DATE 3-15-04

OWNER OR CONTRACTOR William Rotteck PHONE: Business 651-6602 Home 664-8098

ADDRESS 106 Pondhaven Circle Mooresville, NC 28117

LOCATION Brawley School Rd TL Farmstead ~2 miles on right

SUBDIVISION Farmstead BLOCK / SECTION 2 LOT 46 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 8-14-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'
No Lines 6@50' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Gravity-25% Reduction
Repair System Description: Panel Block
Maintenance Agreement Required: [ ] Yes [ ] No

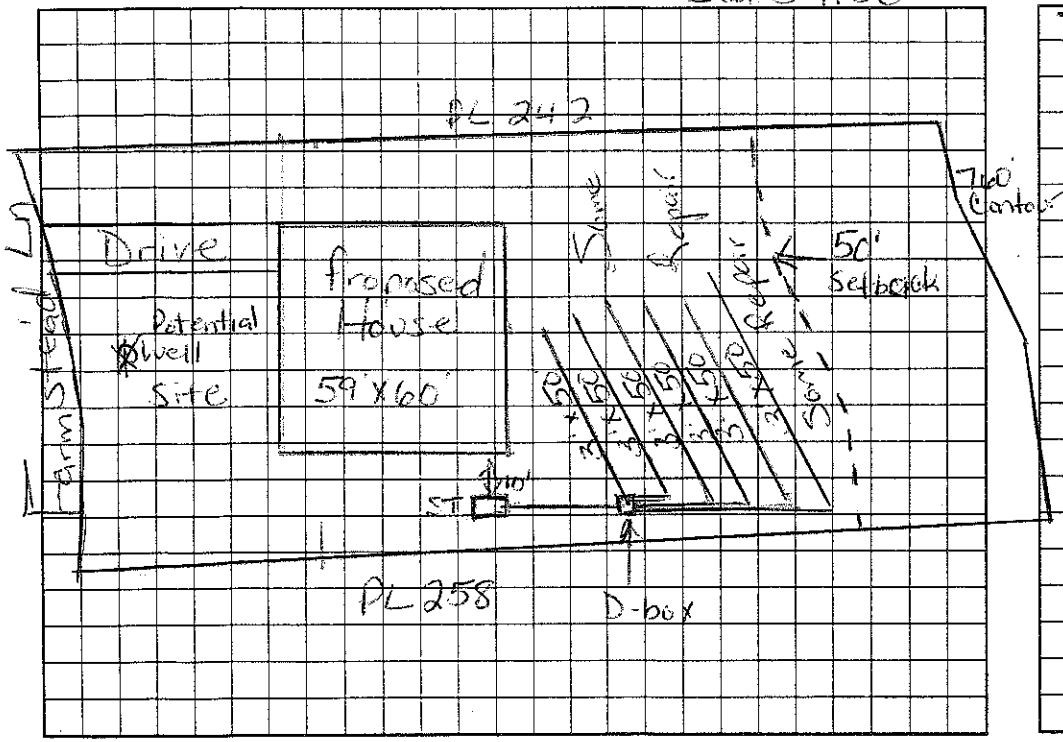
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

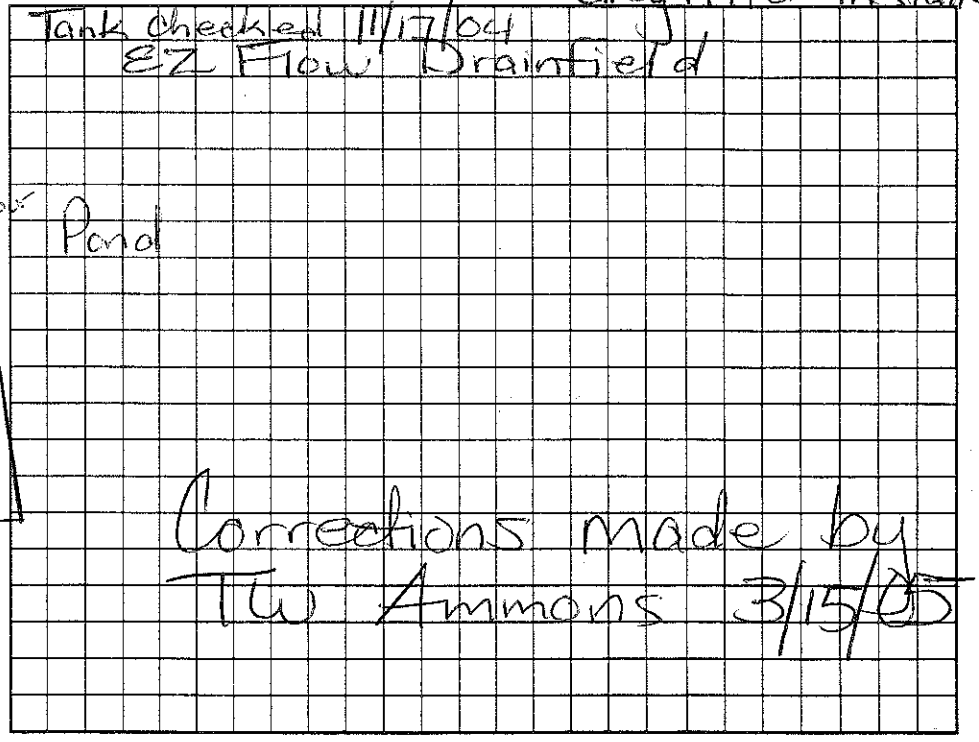
Comments:/Conditions: Keep Septic System at least 10' to PL & 50' from 760° of pond

Comments:/Conditions: Note: Okay to use 5" lines instead, but they must be installed on center. Okayed to used drop boxes instead of distribution box.

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH Grey filter installed



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Signed: Rita m Rotteck date 3/17/2004 Installed by: Phil Bilt Contracting

Improvement Permit by: Maria H Dotson RS date 3/15/04 Operation Permit by: Maria H Dotson RS date 3/15/05

Authorization to Construct by: Maria H Dotson RS date 3/5/04 Existing System Inspection by: _____ date _____

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