IREDELL COUNTY HEALTH DEPARTMENT

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

CI

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

PERMIT# [redacted] 104351 PIN# 4766-74-0026 DATE 03-06-02

OWNER OR CONTRACTOR TERRATEK INC PHONE: Business 704-902-0119 Home LOU = 704-902-8978

ADDRESS 630 SIGNAL DR EXT. STATESVILLE NC 28625

LOCATION 64E, ① OLD MOCKSVILLE, ② CHESTNUT, ③ ON FIRST 7SPRINGS LOOP, LOT 42 ON RT

SUBDIVISION 7SPRINGS BLOCK / SECTION ____ LOT 42 LOT AREA 0.9388 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 7-27-02
Pump Tank: 1000 Gallons; PT 17 Date 7-23-02
Pump Make: GOULDS Model WE05511HS Serial No. H0239536
Nitrification Field: No Fields 1 Square Feet EQ=1200' Linear Feet 300'
No Lines 3X100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type I. II. ☒ IV. V. VI
System Description: PUMP 25% REDUCTION
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☒ No INITIALLY

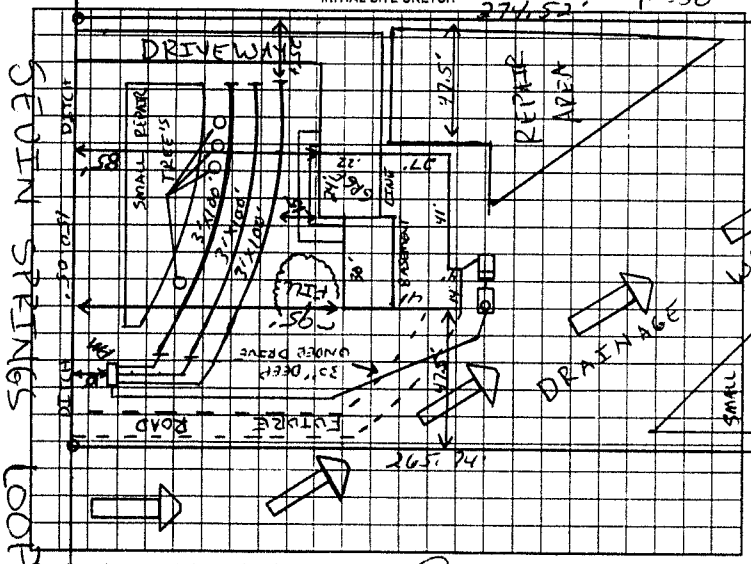
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____
☐ Slab ☒ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

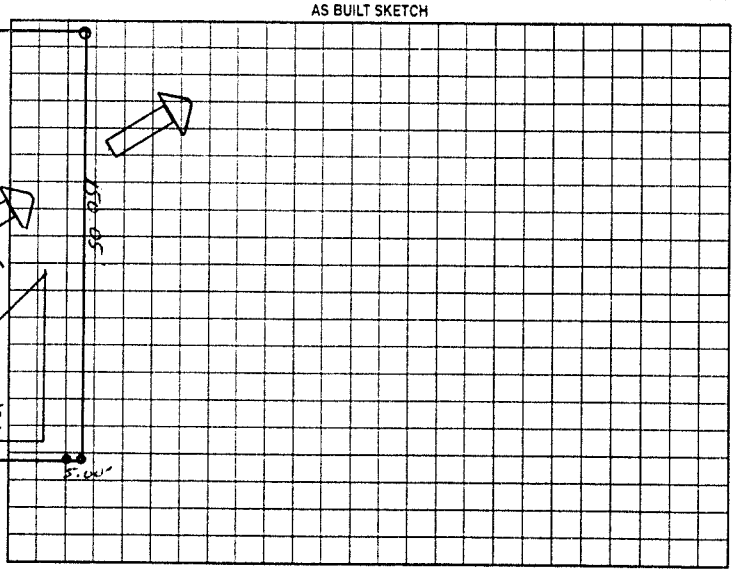
Comments/Conditions: ① INSTALL LINES ON CONTOURS ② MAINTAIN SETBACKS ESPECIALLY HOUSE DISTANCE OFF THE FRONT LINE, ③ USE PRESSURE MANIFOLD ④ CALL PRIOR TO INSTALLATION FOR PUMP SIZING ⑤ SYSTEM & HOUSE IS FLAGGED OUT

Comments/Conditions: VD LINES & TANKS ON 10-1-02
V'D ELECTRICAL & PRESSURE
TUFF TITE FILTER INSTALLED

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH



SEE IN SPRINGS LOOP

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 3-7-02 Installed by: DAVID YOUNTZ

Improvement Permit by: [signature] date 03-06-02 Operation Permit by: [signature] PS date 10-2-02

Authorization to Construct by: [signature] PS date 03-06-02 Existing System Inspection by: ____ date ____

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