IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1202820 PIN# 4766 745 794 704-902-0272 DATE 6-28-05

OWNER OR CONTRACTOR Terratek INC Brian & Anthony PHONE: Business 704-762-0119 Home 704-878-6633

ADDRESS 630 Signal Hill dr Ext Statesville NC 28625 118 Evergreen Woods, States ville Nc

LOCATION Old mocksville RD (R) Chestnut Grove RD (R) 2nd Trailer Lot on right

SUBDIVISION Seven Springs BLOCK / SECTION 1 LOT 94 LOT AREA 1.748 Acres SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1080 Gallons; STB 1007 Date 5-26-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth ~~24"~~ 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: 25% Reduction Graywater
Repair System Description: 25% Red-Hisp
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

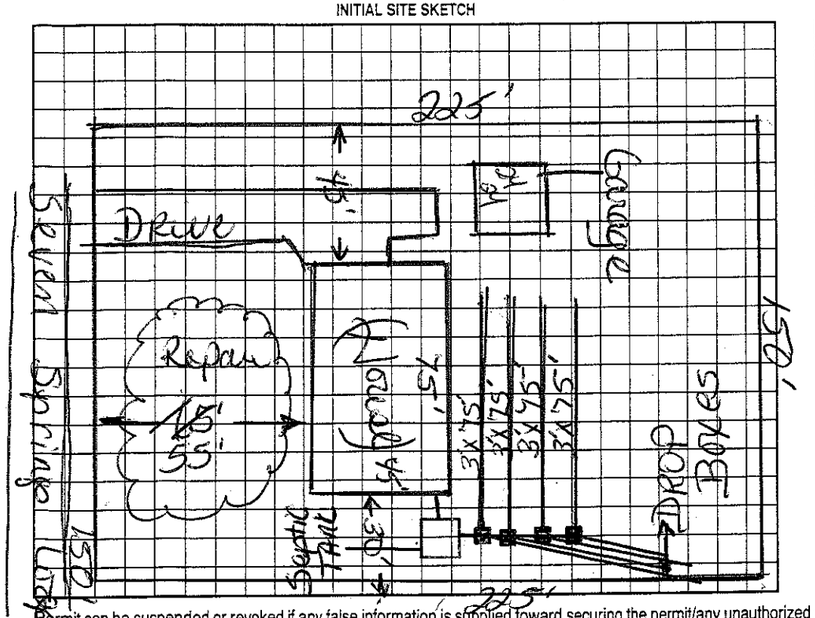
☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: 36" ~~24"~~ Trench Depth
Slope are Less than 2%
1"=50' Scale

Comments:/Conditions:
Orange Baldor
Septic Tank

INITIAL SITE SKETCH



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: ____ date 6-1-05 Installed by: Wayne Klontz

Improvement Permit by: Kelly Cook/Bruce Gray RS-iss date 6-28-05 Operation Permit by: Kelly Cook date 6-19-06

Authorization to Construct by: Kelly Cook -SS date 7-10-05 Existing System Inspection by: ____ date ____

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