IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 128148 PIN# 4766751500.000 DATE 6/28/05

OWNER OR CONTRACTOR TERRATEK INC (R&L CONSTRUCTORS) PHONE: Business 704 880 8219 Home 704 881 0071

ADDRESS 630 SIGNAL HILL DR EXT STATESVILLE, NC 28625

LOCATION old mocksville RD @ CHESTNUT GROVE @ SEVEN SPRINGS @ LOT

SUBDIVISION SEVEN SPRINGS BLOCK / SECTION I LOT 51 LOT AREA .81 ACRES SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .5

Septic Tank: 1000 Gallons; STB 1012 Date 5-21-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240
No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: LNMA 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☒ No

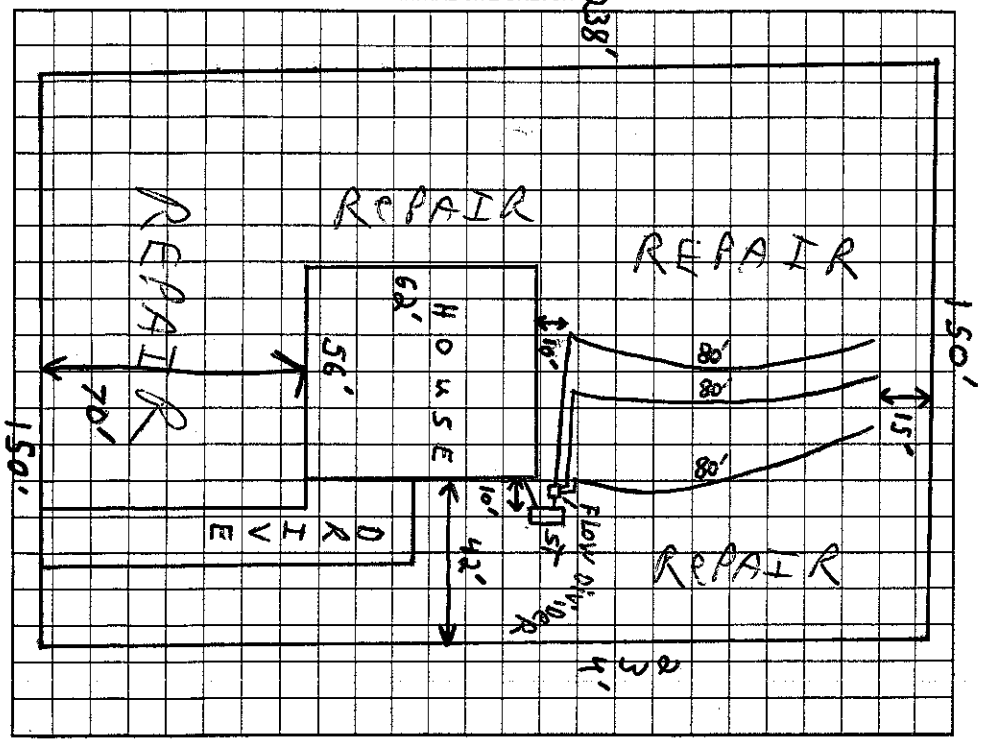
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: INSTALL ON CONTOUR. MAINTAIN ALL SETBACKS. USE FLOW ~~DIVIDER~~ SUCH AS ZOELLER OR SPLITTER

Comments:/Conditions: Yellow Filter ST marker w/o risers

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: Ray Wil date 6/29/05 Installed by: Steve Jordan

Improvement Permit by: [signature] date 6/28/05 Operation Permit by: James Hewit date 12-21-05

Authorization to Construct by: [signature] date 6/28/05 Existing System Inspection by: ____ date ____

Jane Young RS/LSS

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