IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107131 PIN# 4775-05-1509 DATE 07-08-02

OWNER OR CONTRACTOR THOMAS & MELISSA AYERS PHONE: Business ______ Home 704-902-0119. TODD

ADDRESS 199 SPRING FORREST DR. STATESVILLE NC 28625

LOCATION 64E, (L) SAIN, (L) SPRING FORREST, AT END IN CUL-DE-SAC

SUBDIVISION SPRING FORREST BLOCK / SECTION ______ LOT 82 LOT AREA 2.18 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 11-5-03
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet EQ. 1440 Linear Feet 360'
No Lines 4 x 90' Trench Width 36" Max Trench Bottom Depth 24" (3)

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: GRA-1 / 25% RED
Repair System Description: LP 25% RED / PANELS
Maintenance Agreement Required: [ ] Yes [X] No
Gravel Depth N/A

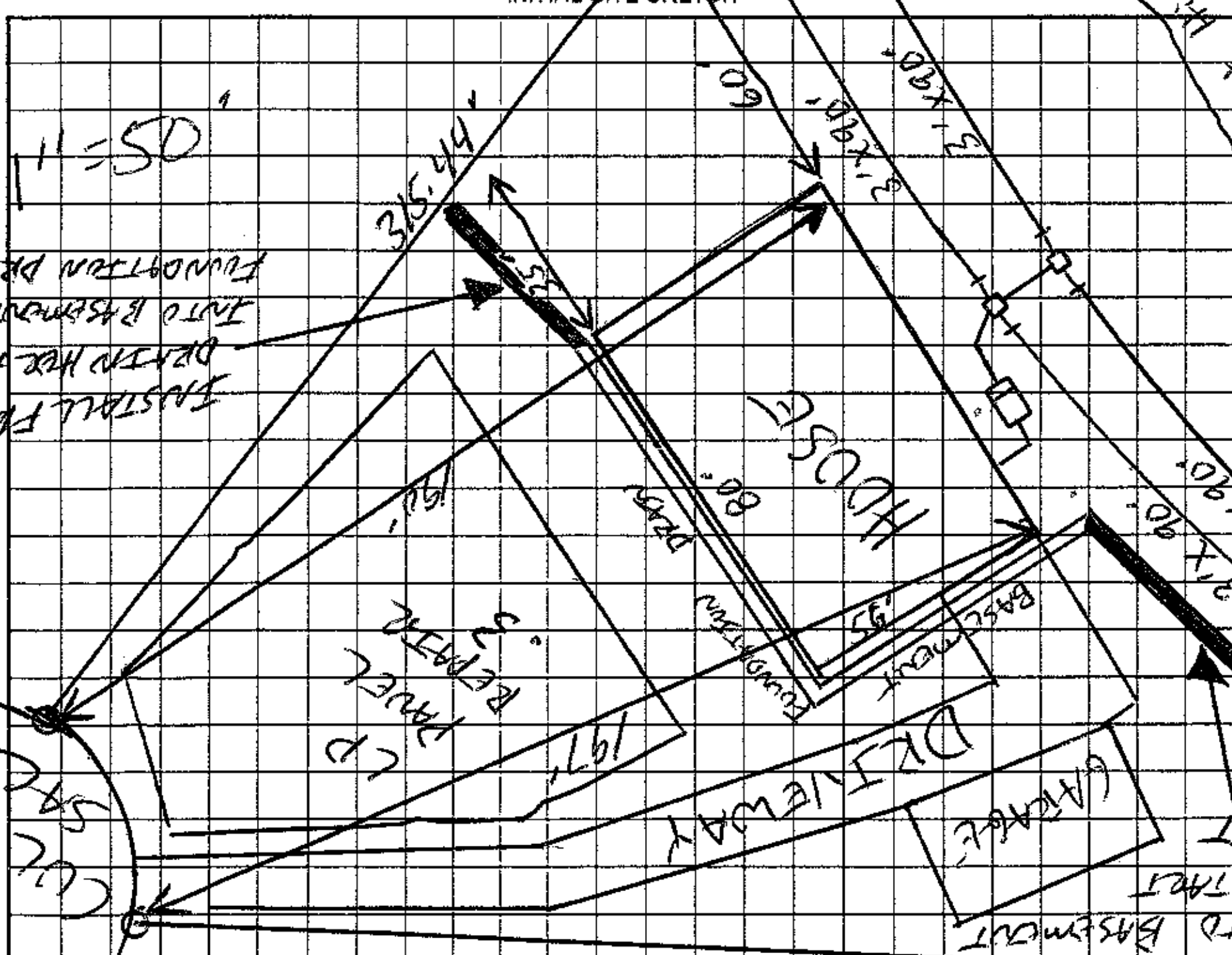
[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other ______
No. Bedrooms 3
No. Bathrooms 2½
No. Employees ______
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

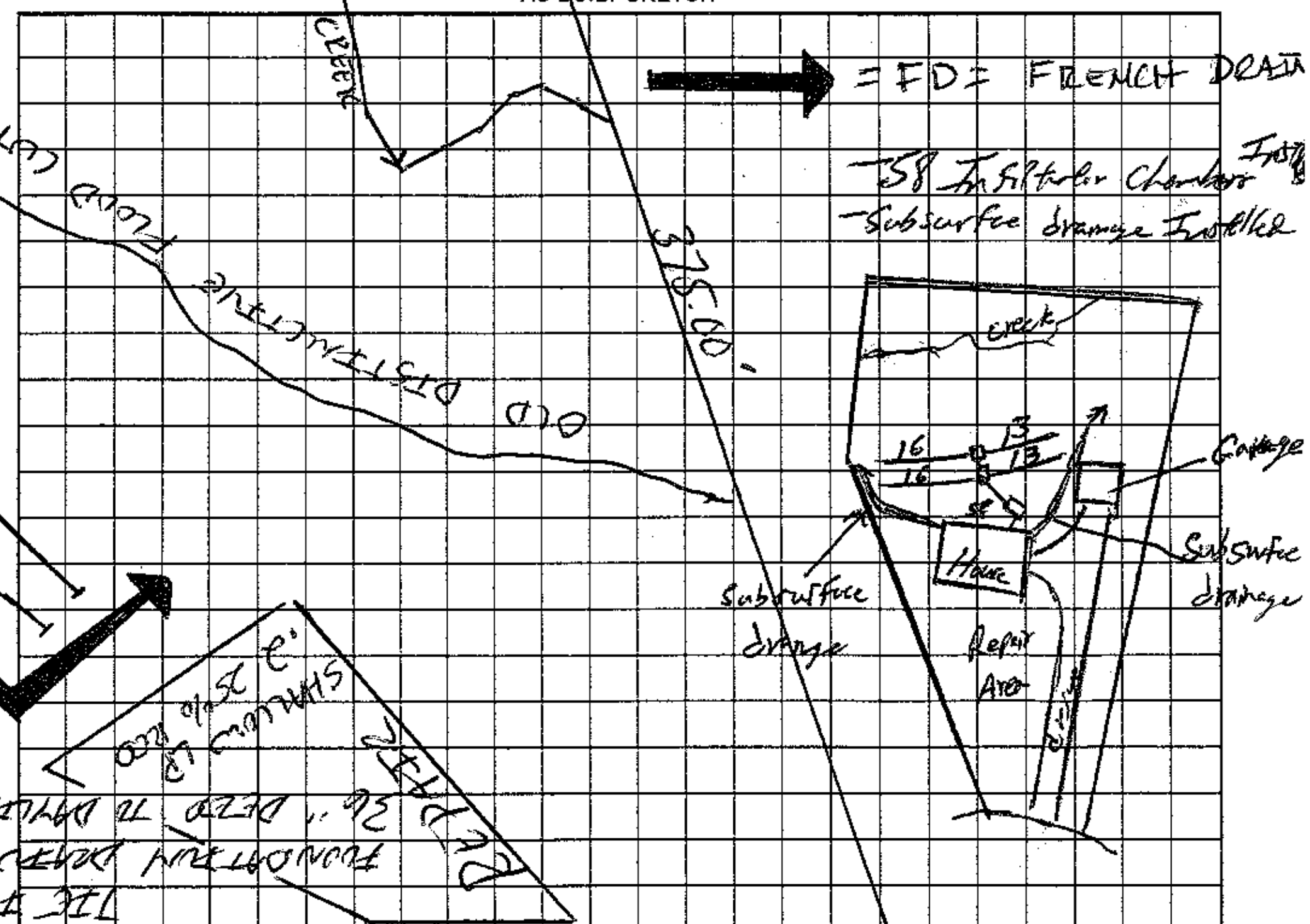
Comments:/Conditions: (1) MAINTAIN SETBACKS (2) TIE FD / INTO BASEMENT FOUNDATION DRAIN AS SHOWN (3) NOTE TRENCH BOTTOM DEPTH

Comments:/Conditions: (4) HOUSE & SYSTEM IS ENTIRELY FLAGGED OUT
- Tuff-Tite Filter & ST marker Installed
- Lines installed in wet conditions

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: [signature] date 7-25-02 Installed by: David Yountz

Improvement Permit by: [signature] RS date 07-10-02 Operation Permit by: William O. Johnson date 3/12/04

Authorization to Construct by: [signature] RS date 07-10-02 Existing System Inspection by: ______ date ______

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