IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106766 PIN# 4775-14-2683 DATE 06-13-02

OWNER OR CONTRACTOR TERRATEK INC PHONE Business 704-902-0119 Home

ADDRESS 630 SIGNAL DRIVE EXT STATESVILLE NC 28625

LOCATION 64 E, (L) SAIN, (L) SPRING FORREST, (L) HOWARDS POND, LOT 49 ON LEFT

SUBDIVISION SPRING FORREST BLOCK / SECTION ____ LOT 49 LOT AREA .8394 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 7.28.02

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 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: GRAV 25% RED

Repair System Description: LP PANEL

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees ____

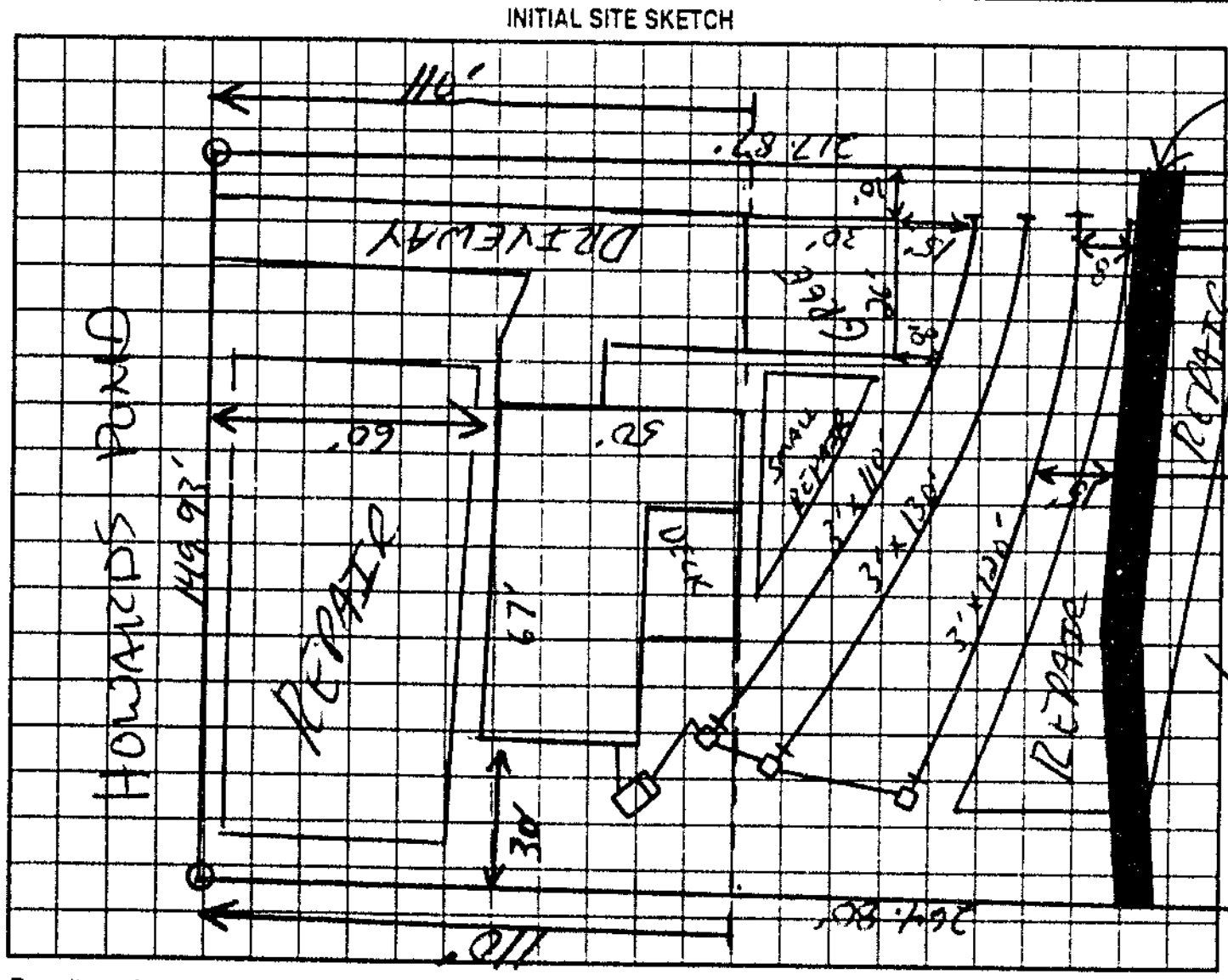
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

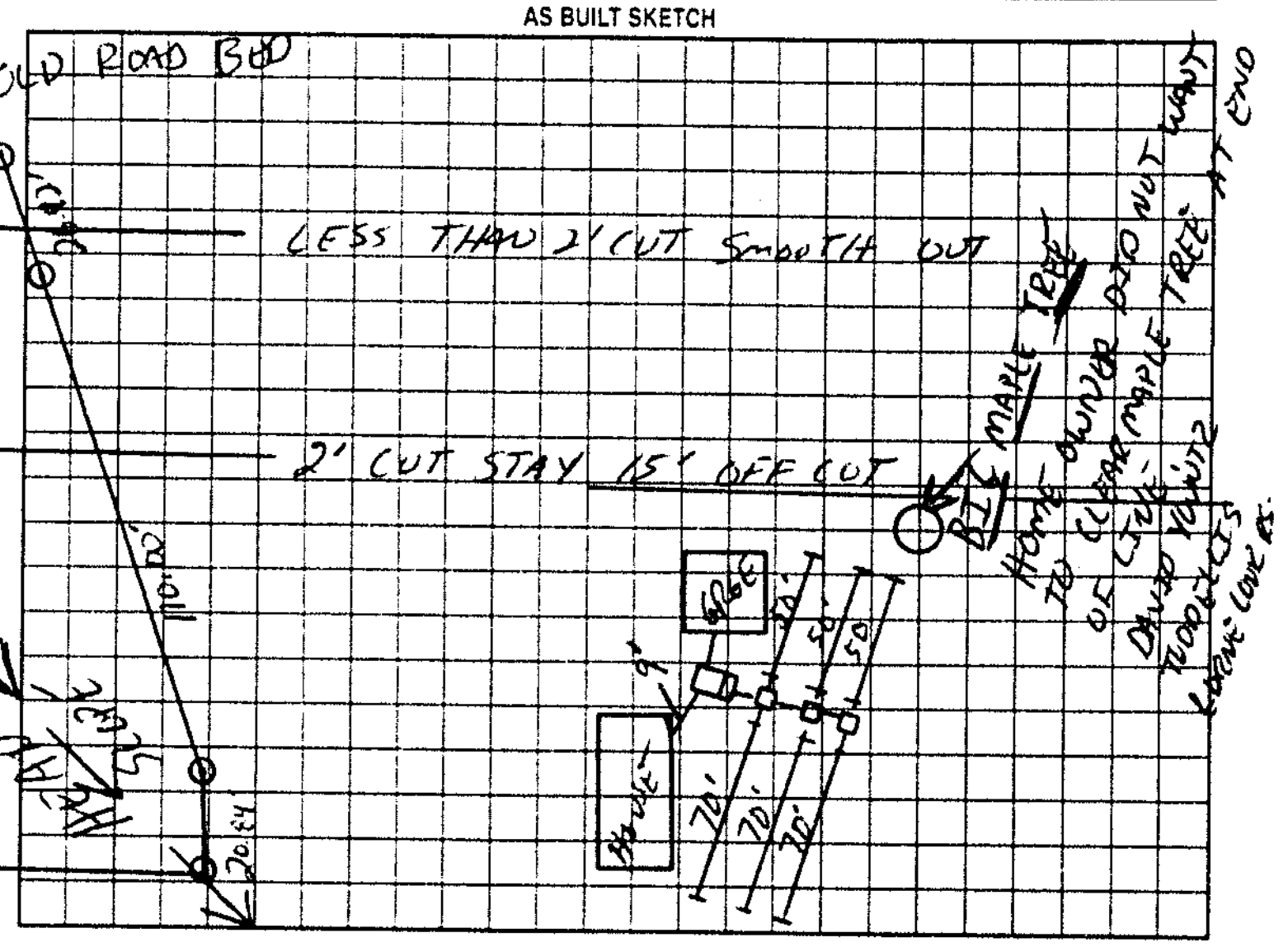
Comments:/Conditions: (1) HOUSE + SYSTEM FLAGGED OUT ENTIRELY, MAINTAIN SETBACKS (2) MAINTAIN HOUSE LOCATION, LOT IS TIGHT ON SPACE + ANY HOUSE MOVING WILL VOID PERMIT. (3) INSTALL LINES ON CONTOURS + SOME TREE'S

Comments:/Conditions: MAY HAVE TO BE CLEARED. TUFF TITE FILTER + RISERS TANK RELOCATION APPROVED FOR GARAGE TOILET/BATH, NO FLOW CHANGE, NO BEDROOMS ADDED.

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 06-13-02 installed by DAVID YOUNTZ

Improvement Permit by: [signature] RS date 06-13-02 Operation Permit by: [signature] RS date 9-19-02

Authorization to Construct by: [signature] RS date 06-13-02 Existing System Inspection by: ____ date ____

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