IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 121498 PIN# 4775-14-~~3490~~ 3359 DATE 6-11-04

OWNER OR CONTRACTOR TERRATEK, INC PHONE: Business 704-902-0119 Home 704-878-6633

ADDRESS 630 SIGNAL DRIVE EXT, STATESVILLE NC 28625

LOCATION US 64 EAST, TL SAIN ROAD, TL WINDING BROOK WAY, 5TH LOT ON RIGHT

SUBDIVISION SPRING FOREST BLOCK / SECTION _____ LOT 36 LOT AREA 1.1 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

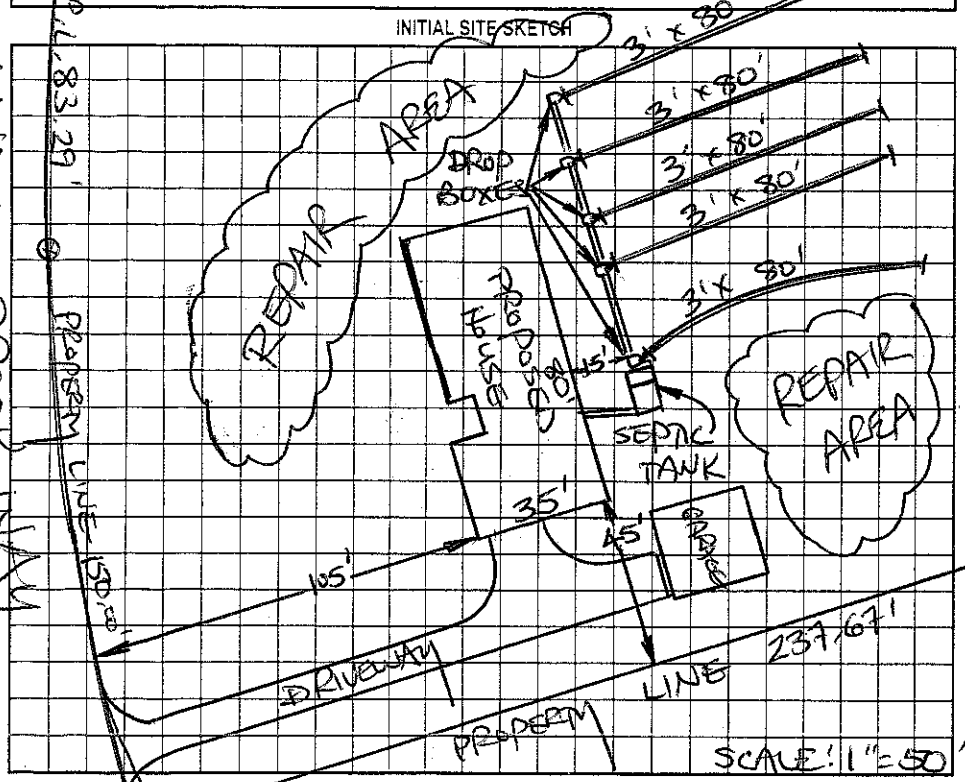
Septic Tank: 1000 Gallons; STB 1012 Date 5-3-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL, GRAVITY
Repair System Description: CONVENTIONAL, GRAVITY / PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

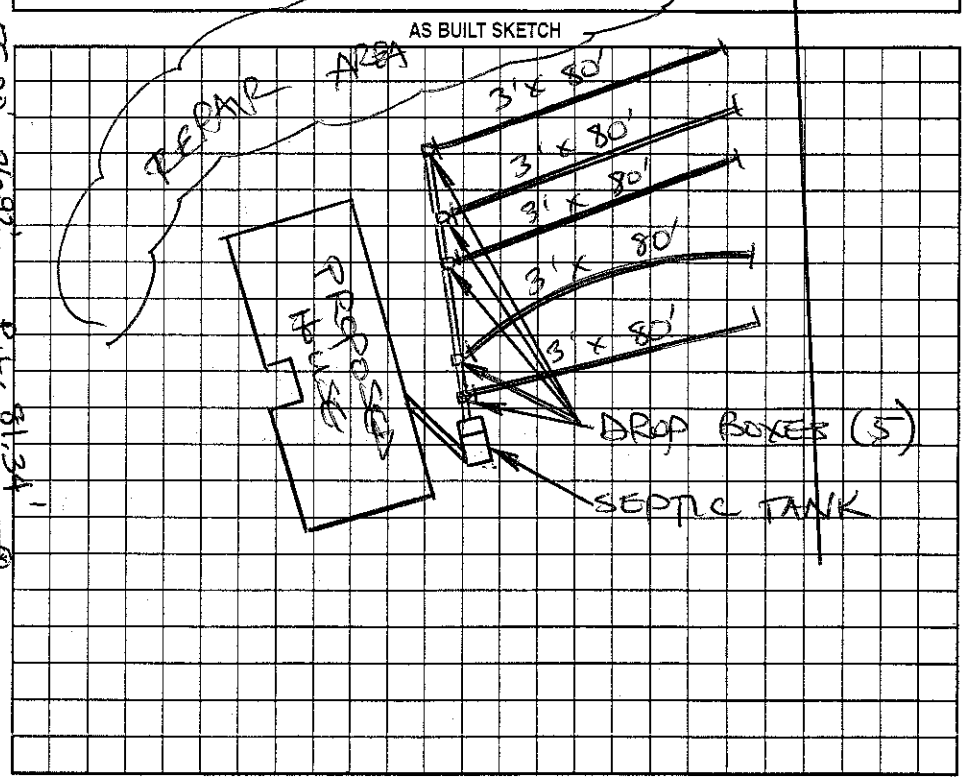
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: PROPERTY LINE 242.41'



Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER.



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 plan 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: D. Mark Rose date 6/14/04 Installed by: DAVID YOUNTZ

Improvement Permit by: STEVE HEDRICK date 6-11-04 Operation Permit by: STEVE HEDRICK date 9-20-04

Authorization to Construct by: STEVE HEDRICK date 6-11-04 Existing System Inspection by: _____ date _____

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