IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115726 PIN# 4775-14-6438 DATE 9-27-03

OWNER OR CONTRACTOR J. TODD ELLIS BUILDERS PHONE: Business 704-902-0119 Home 704-878-6633

ADDRESS 315 SEVEN SPRINGS LOOP, STATESVILLE, NC 28625

LOCATION US 64 EAST, TL SAW ROAD, TL WINDING BROOK WAY, 3RD LOT ON RIGHT

SUBDIVISION SPRING FOREST BLOCK / SECTION ____ LOT 38 LOT AREA 0.6228 ACRE SITE CLASS. PSI DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3-25-05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EST. 1440 Linear Feet 240

No Lines SIX Trench Width 24" Max Trench Bottom Depth 36" Sand Depth 24"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: 50% REDUCTION, GRAVITY

Repair System Description: 50% REDUCTION, LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

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

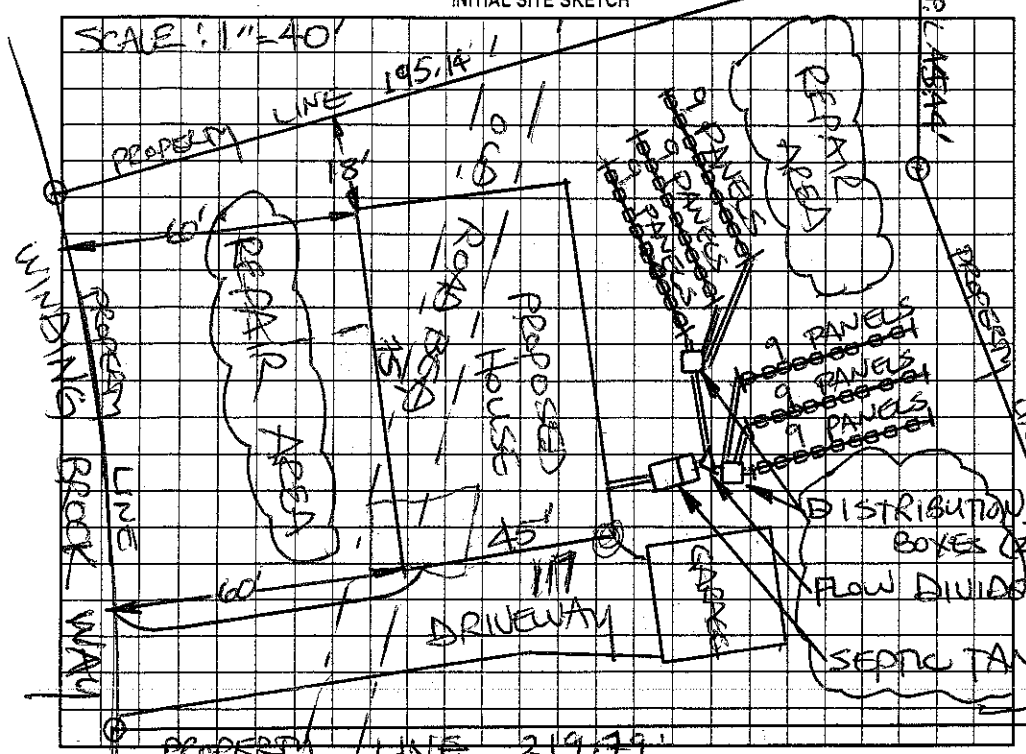
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

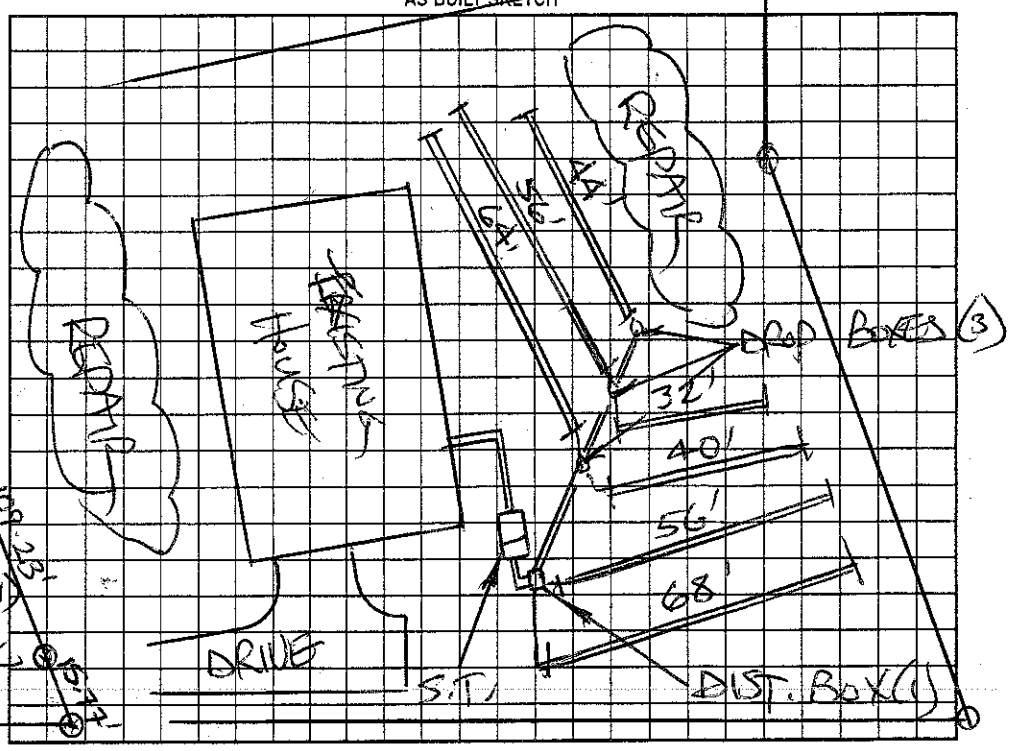
Comments:/Conditions ① INSTALL 50% REDUCTION SYSTEM USING 54 PPBPS PANELS IN SIX EQUAL LENGTH LINES ② USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO DISTRIBUTION BOXES

Comments:/Conditions ① LIMITED REMNANT FEE PAID TO ALTER SYSTEM TO 25% REDUCTION & ELIMINATE GARAGE ② SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FITTER

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 9-29-03 Installed by: DAVID YOUNTZ

Improvement Permit by: STEVE HEDRICK date 9-27-03 Operation Permit by: STEVE HEDRICK date 10-4-05

Authorization to Construct by: STEVE HEDRICK date 5-27-05 Existing System Inspection by: ____ date ____

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