IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10415 PIN# 4775-15-7401 DATE 01-24-02

OWNER OR CONTRACTOR TERRATEK PHONE: Business _____ Home _____

ADDRESS 108 HOWARD POND LP STATESVILLE NC 28

LOCATION 64 EAST (D) SAIN RD, (E) SPRING FOREST, AT CORNER OF SPRING FOREST & HOWARD POND

SUBDIVISION SPRING FORREST BLOCK / SECTION _____ LOT 71 LOT AREA 0.8507 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 13

Septic Tank: 1000 Gallons: STB 1012 Date 03/24/02
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQUITOO' Linear Feet 300'
No Lines 3 X 100' 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: GRAVITY 25% RED
Repair System Description: LP 25% REDUCTION
Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2.5 No. Employees ____

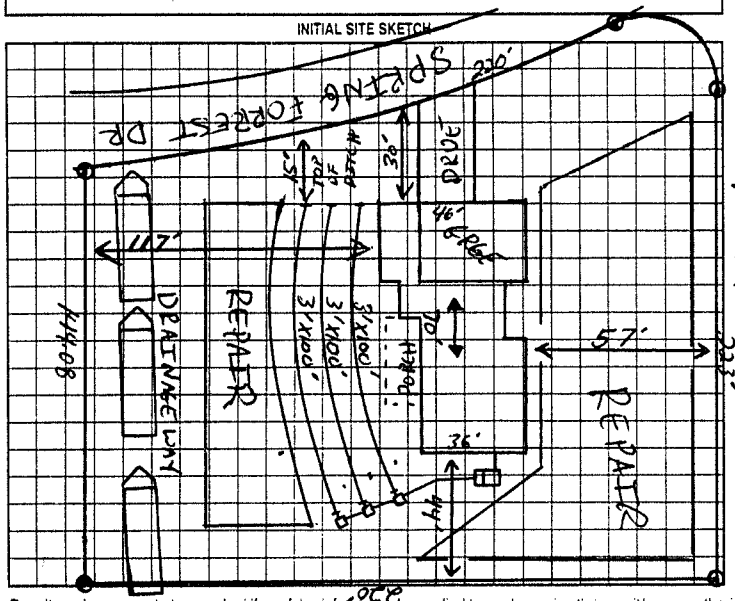
Water Supply: ☐ Individual X Public ☐ Community

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

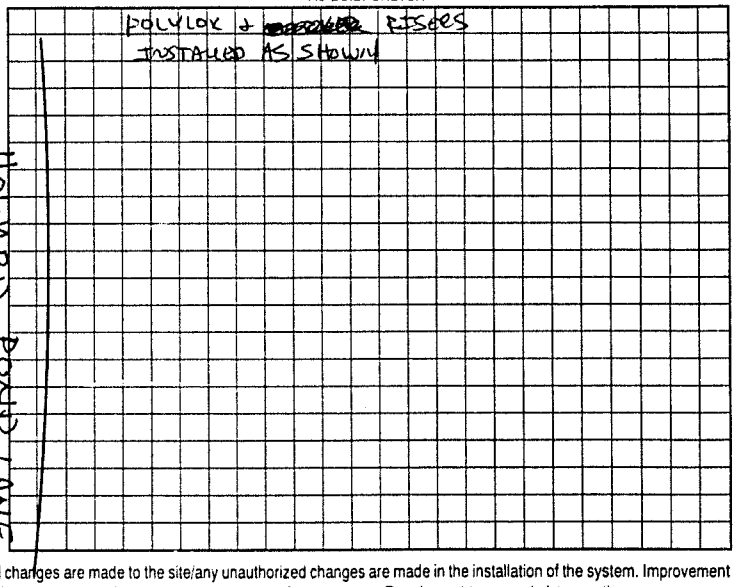
Comments/Conditions: (1) MAINTAIN SETBACKS (2) INSTALL LINES ON CONTOURS (3) INSTALL LINES ATLEAST 32" DEEP BUT NOT GREATER THAN 36"

Comments/Conditions: not to scale

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 1-25-02 Installed by: YOUNTZ & SONS

Improvement Permit by: _____ date 01-24-02 Operation Permit by: _____ RS date 05-28-02

Authorization to Construct by: _____ RS date 01-24-02 Existing System Inspection by: _____ date _____

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