IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115804 PIN# 4775-15-8609 DATE 9-23-03

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

ADDRESS 315 SEVEN SPRINGS LOOP, STATESVILLE NC 28625

LOCATION US 64 EAST, TL SAIN ROAD, TL SPRING FOREST DRIVE, 4TH LOT ON RIGHT

SUBDIVISION SPRING FOREST BLOCK / SECTION ____ LOT 94 LOT AREA 0.7473 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1612 Date 9-15-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ TO 1920 Linear Feet 480
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% REDUCTION GRAVITY
Repair System Description: 50% REDUCTION LOW PRESSURE
Maintenance Agreement Required: ☐ Yes ☒ No ☐ Other

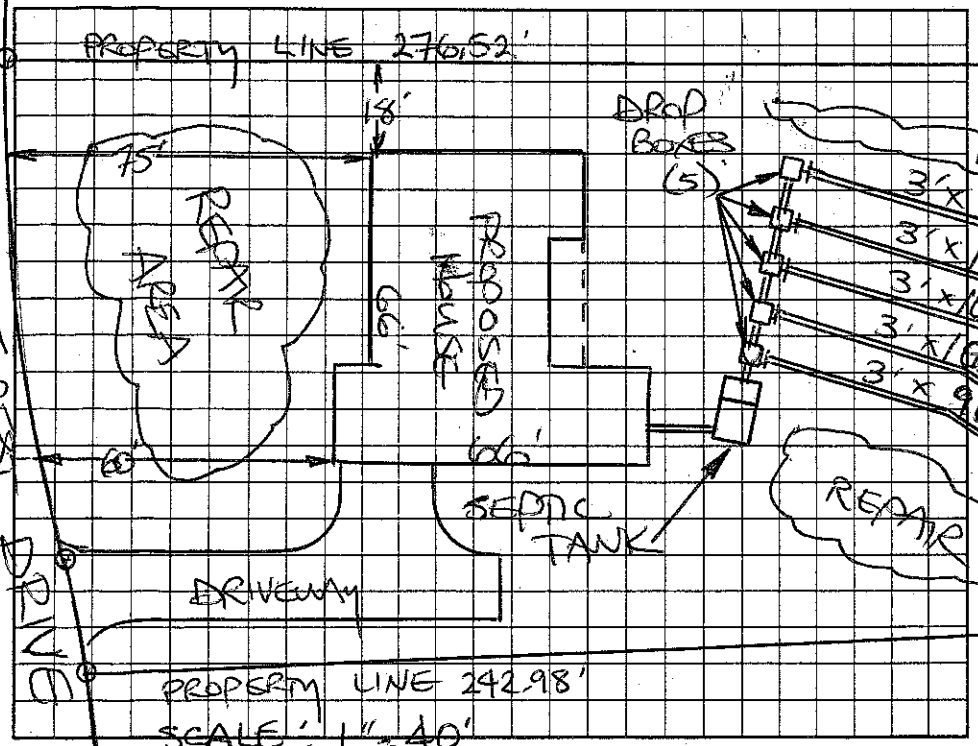
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

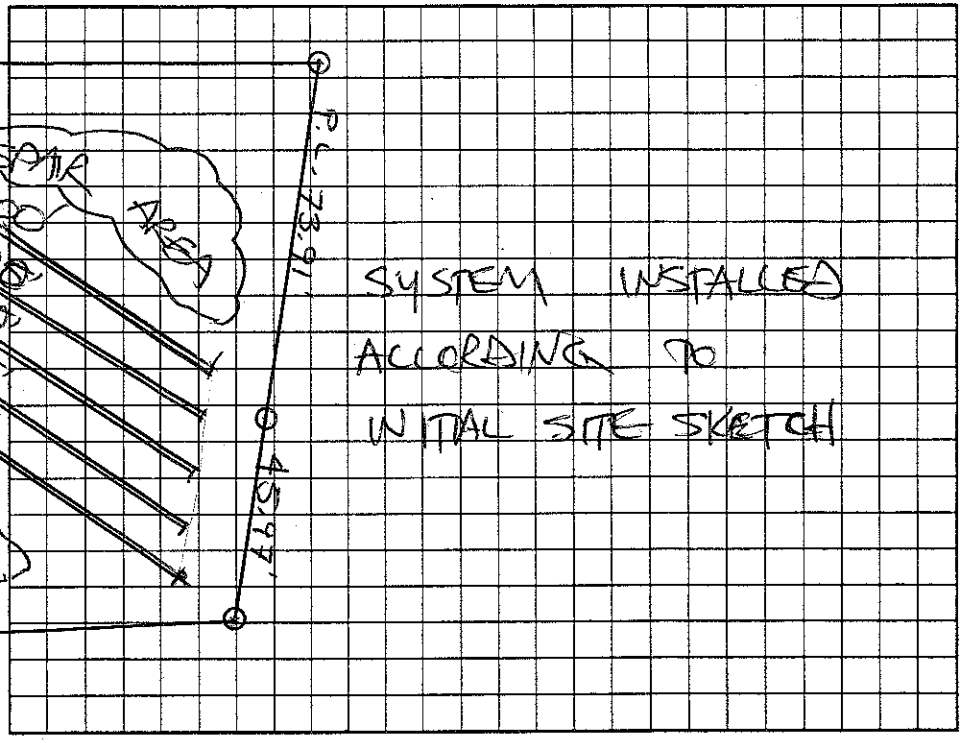
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN.

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

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: J. Todd Ellis date 9-23-03 Installed by: DAVID YOUNTZ

Improvement Permit by: STEVE HEDRICK date 9-23-03 Operation Permit by: STEVE HEDRICK date 3-5-09

Authorization to Construct by: STEVE HEDRICK date 9-23-03 Existing System Inspection by: ____ date ____

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