CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 110968 PIN# 3785-79-5346 DATE 2/4/03

OWNER OR CONTRACTOR Fleetwood Homes of Statesville PHONE: Business (704) 872-0179 Home —

ADDRESS 1270 Northside Drive Statesville N.C. 28677

LOCATION I-40 W, (R) Old Mtn Rd. (L) County Line Rd (L) Jordan Crest Lane

SUBDIVISION Victory Landing BLOCK / SECTION — LOT 27 LOT AREA .97 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .30

Septic Tank: 4000 Gallons; STB 1012 Date 8-4-02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Eqv. to 1600 Linear Feet 400
No Lines 5@80 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity, 25% Reduction
Repair System Description: LPP
Maintenance Agreement Required: ☐ Yes ☒ No

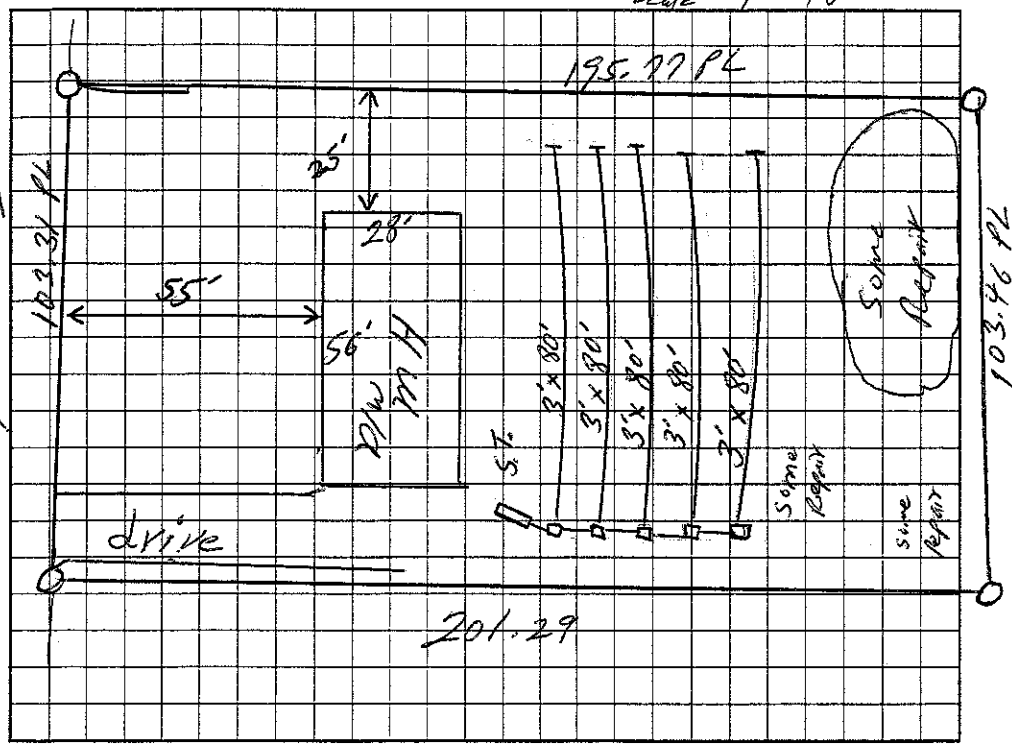
☐ House/Mod. Home No. Bedrooms 4
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: (1) Install liner on contour (2) do not install when wet

Comments/Conditions: - S.T. Marker Installed
- 4 Infiltrator Chamber Installed
- Tuff Tite Filter Installed

INITIAL SITE SKETCH Scale 1" = 40'



AS BUILT SKETCH

Installed as Shown Per Initial Site 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 2/7/03 Installed by: Craig Thompson

Improvement Permit by: William O Johnson date 2/4/03 Operation Permit by: William O Johnson date 3/14/03

Authorization to Construct by: William O Johnson date 2/4/03 Existing System Inspection by: ____ date ____

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