IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109190 PIN# 3785-89-1529 DATE 12/10/02

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

ADDRESS 1270 Northside Drive Statesville, NC 28677

LOCATION I-40W, (R) Old Mtn Rd, (L) County Line Rd, (L) Jordan Crest Lane, Lot near end on Left.

SUBDIVISION Victorias Landmark BLOCK / SECTION 2 LOT 79 LOT AREA .47 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 1007 Date 11-14-02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet eqv to 1200' Linear Feet 300
No Lines 5 @ 60 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

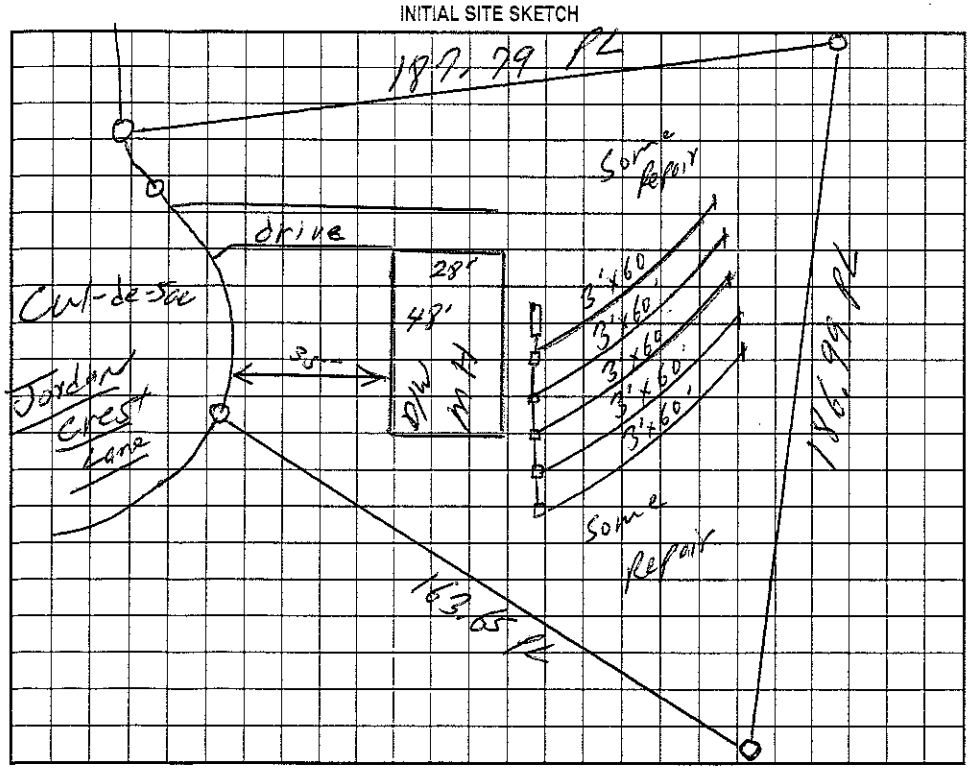
☒ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

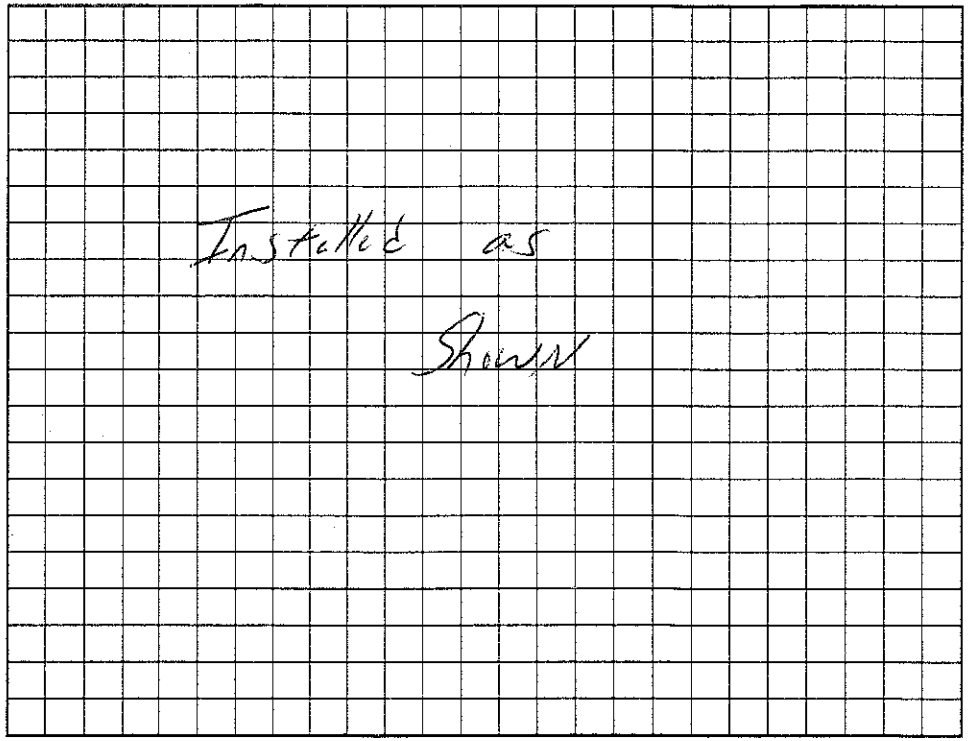
Comments:/Conditions: (1) Install lines on contour (2) maintain proper setbacks

Comments:/Conditions: Poly lok Filter Installed
ST Marker Installed
300# EZ Lay Installed
House Not Installed at time of Inspection

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: Renee M Pope date 1-8-03 Installed by: James Hudler

Improvement Permit by: William O. Johnson date 12/10/02 Operation Permit by: William O. Johnson date 1/13/03

Authorization to Construct by: William O. Johnson date 12/10/02 Existing System Inspection by: ____ date ____

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