CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106670 PIN# 3785-89-4420 DATE 7/23/02

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

ADDRESS 1270 Northside Drive Statesville, N.C. 28625

LOCATION I-40W, (R) on Old Mtn Rd., (L) on County Line Road, (L) on Jordan Crest Lane, Cul-de-Sac

SUBDIVISION Victoria's Landmark BLOCK / SECTION -1 LOT 21 LOT AREA 1.76 Acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 1612 Date 3-12-02

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No ______

Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

[X] New System ☐ Repair System Type: I (II) III IV V VI

System Description: Gravity, Conventional

Repair System Description: Gravity, Pump 25% Reduc

Maintenance Agreement Required: ☐ Yes ☐ No

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

☐ House/Mod. Home [X] Mobile Home ☐ Business ☐ Other ______

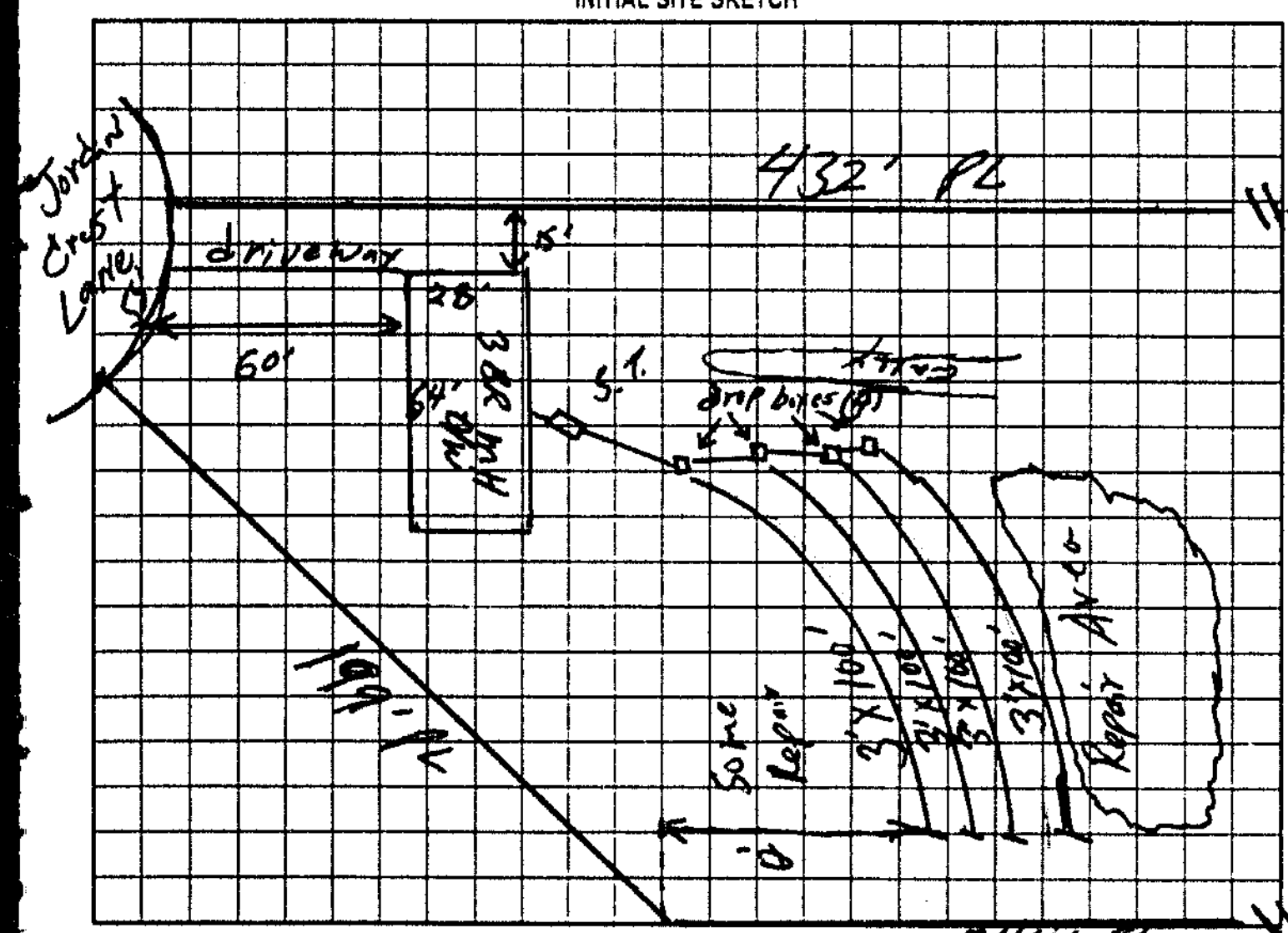
No. Bedrooms 3 No. Bathrooms 2 No. Employees ______

Water Supply: ☐ Individual [X] Public ☐ Community

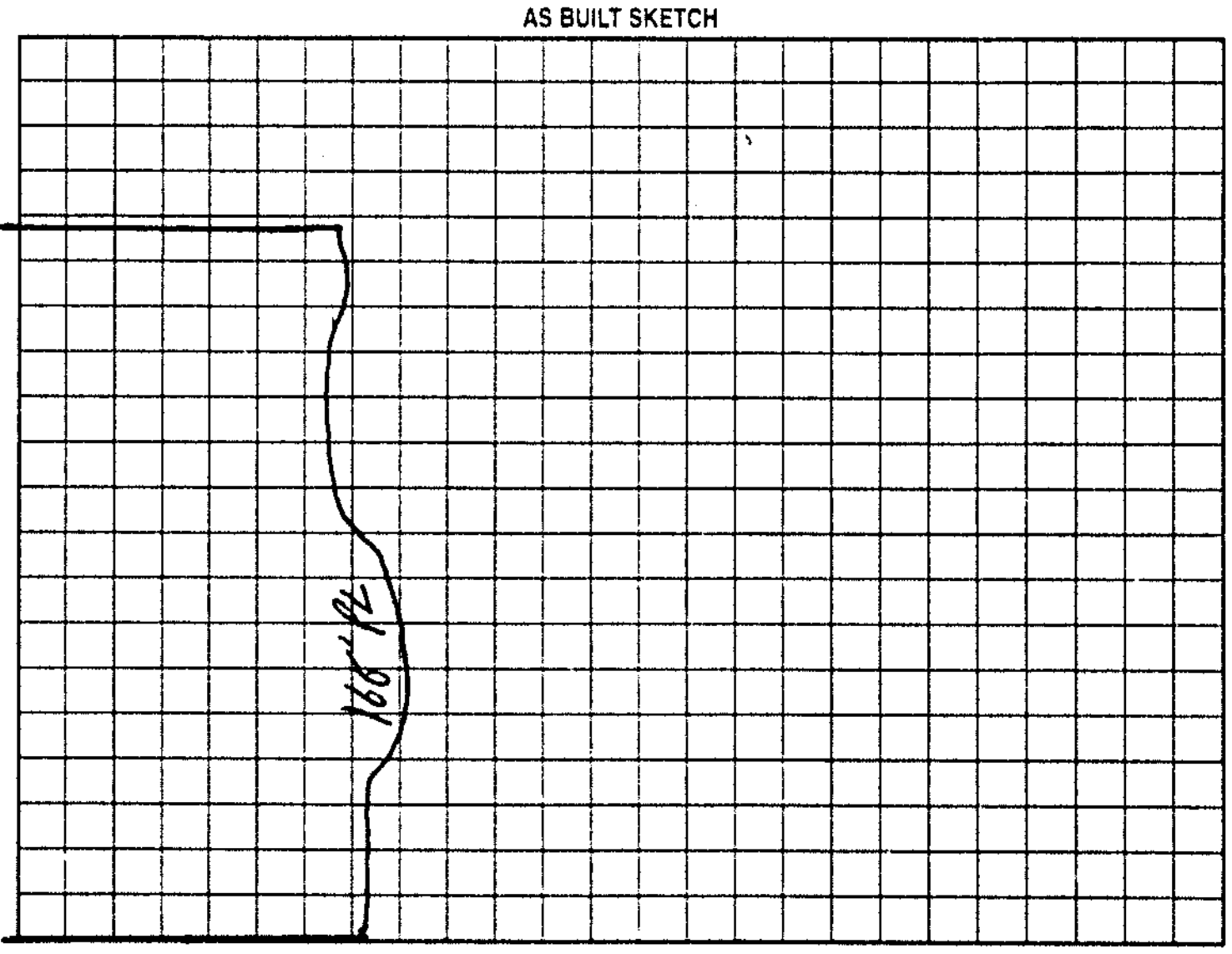
Comments:/Conditions: (1) Install lines on Contour (2) Maintain proper setbacks

Comments:/Conditions: POLYLOC FILTER INSTALLED AS SHOWN

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: [signature] date 7-23-02 Installed by CRAIG THOMPSON

Improvement Permit by: William O. Johnson date 7/23/02 Operation Permit by: [signature] RS date 08-02-02

Authorization to Construct by: William O. Johnson date 7/23/02 Existing System Inspection by: ______ date ______

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