IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 11008 [redacted] PIN# 3794-50-[redacted]8245 DATE 11/19/02

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

ADDRESS 1270 Northside Drive Statesville, NC. 28677

LOCATION I-40W (R) Old NC Rd, (L) Island Ford Rd. (L) Gobble Road (L) Marjorie Dr (R) Silvermere Dr @ end on left

SUBDIVISION Featherstone BLOCK / SECTION — LOT 18 LOT AREA 1.0 Acres SITE CLASS 5 DESIGN FLOW 480 L.T.A.R. .30 gpd/ft²

Septic Tank: 1,000 Gallons: STB 1012 Date 6-15-02
Pump Tank: — Gallons: PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 924 to 1600 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth NA

X New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity, 25% Reduction
Repair System Description: Gravity, 50% Reduction
Maintenance Agreement Required: Yes X No

☐ House/Mod. Home X Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms — No. Employees —

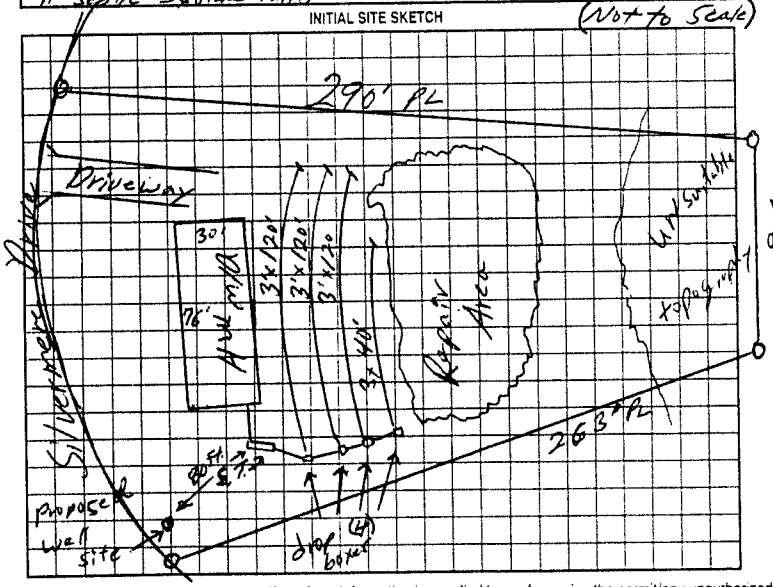
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

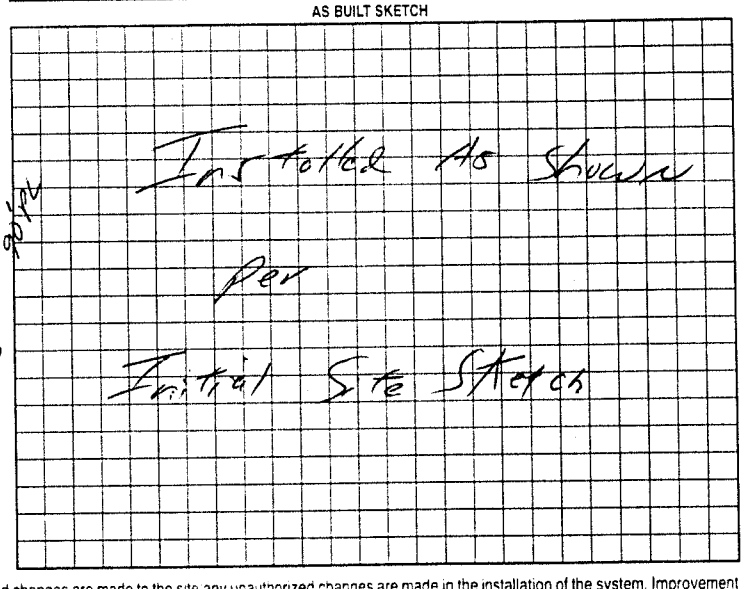
Comments/Conditions: (1) Keep well minimum 80ft from System (2) Install lines on Contour (3) maintain proper setback (4) Subsurface drain will needs to be installed above Repair Area if System fails

Comments/Conditions: - Tuff-Tite filter Installed - 400 ft EZ lay Installed - ST marker Installed

INITIAL SITE SKETCH (Not to Scale)



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 12/18/02 Installed by: Craig Thompson

Improvement Permit by: William O. Johnson date 11/19/02 Operation Permit by: William O. Johnson date 12/31/02

Authorization to Construct by: William O. Johnson date 11/19/02 Existing System Inspection by: — date —

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