IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103 830 PIN# 3794-70-0988 DATE 1/14/01

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

ADDRESS 1270 North Side Drive Statesville, N.C. 28625

LOCATION I-40 W @ ONR, @ Island Ford Rd, @ Gable Rd, @ Maristone Drive on Right

SUBDIVISION Featherstone BLOCK / SECTION — LOT 58 LOT AREA 1.01 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 1,000 Gallons. STB 1012 Date 9-23-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

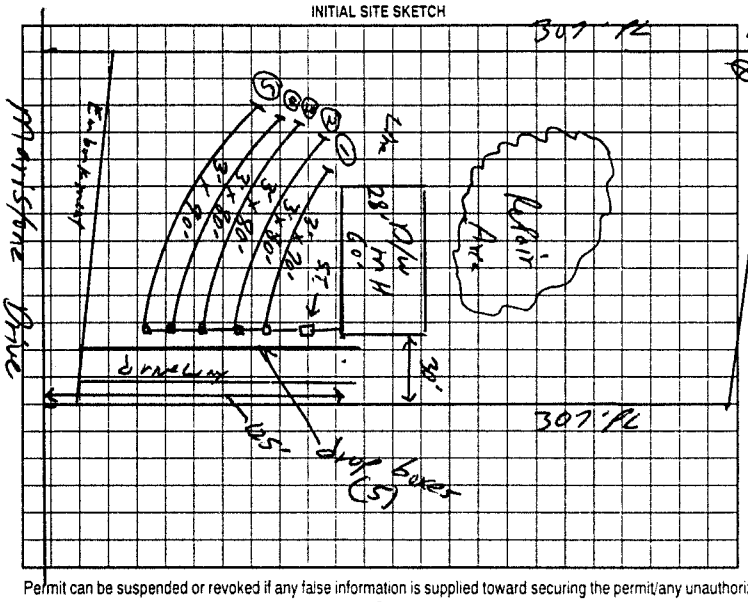
☐ House/Mod. Home No. Bedrooms 3
X Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

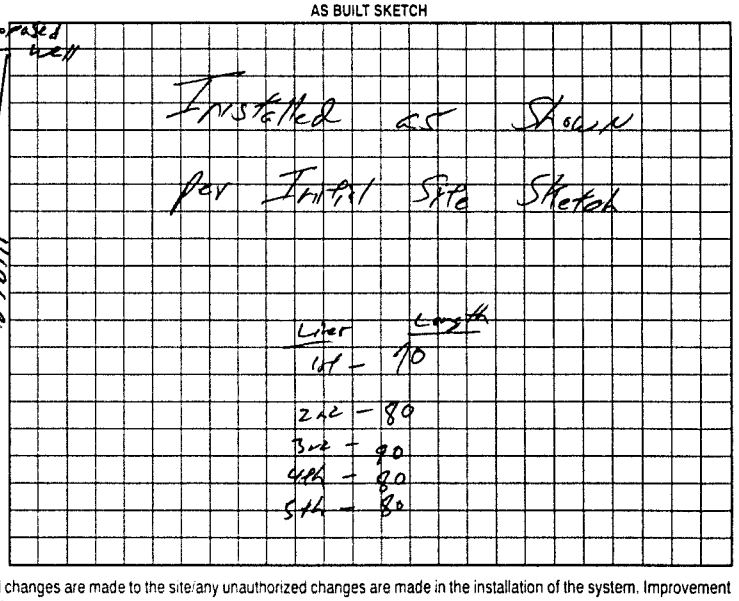
Comments/Conditions: ① Install Lines on Contour ② Maintain Proper setbacks

Comments/Conditions Poly lok Filter Installed
- Septic Tank Marker Installed

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 1-11-01 Installed by: A-1 Backhoe

Improvement Permit by: William O. Johnson date 1/10/01 Operation Permit by: William O. Johnson date 1/31/02

Authorization to Construct by: William O. Johnson date 1/14/01 Existing System Inspection by: date

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