IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120643 PIN# 4713-66-6723 DATE 5-17-04

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

ADDRESS 1270 Northside Dr. Statesville NC 28677

LOCATION US 70W TL Old Mountain Rd TL Bethlehem Rd TL Double Tree Dr TR Sonja Dr. near end of cul-de-sac on Rt

SUBDIVISION Mtn. Rd Village BLOCK / SECTION LOT 45 or 53 LOT AREA SITE CLASS. DESIGN FLOW L.T.A.R.

Septic Tank: 1000 Ex. Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Linear Feet 345 Ex.

No Lines 5 Ex. Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☐ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: Con Gravity

Repair System Description: Same

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

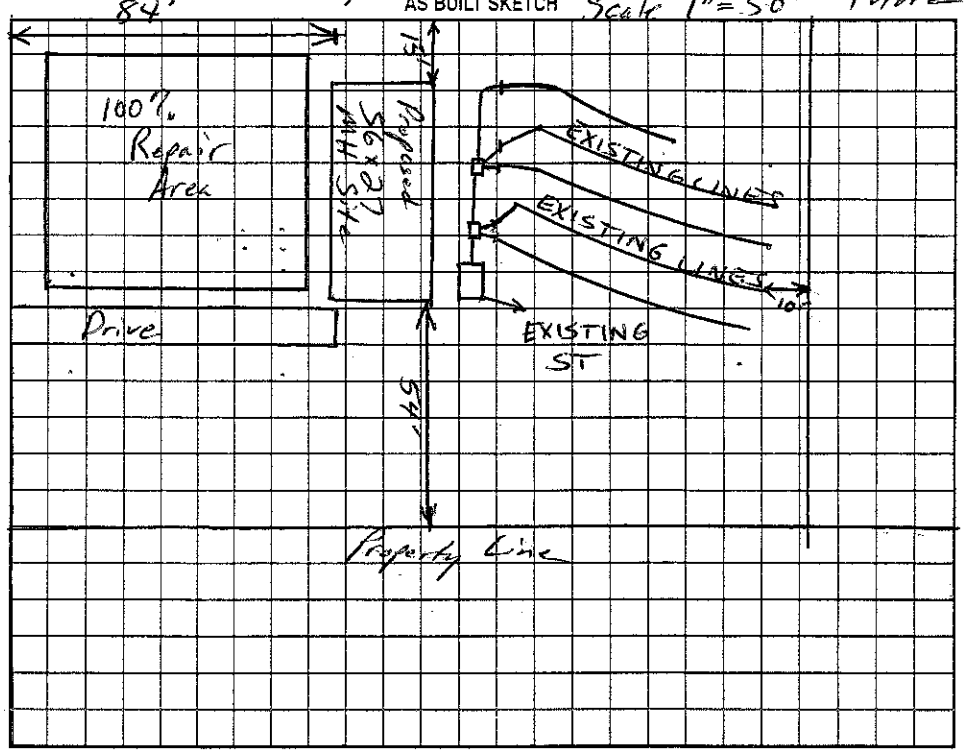
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: ① System functioning properly at time of inspection
② Permission to connect proposed structure to existing system
③ Structure shall not increase number of bedrooms on system
④ Visual inspection only – no guarantee problems won't arise in future.

INITIAL SITE SKETCH

AS BUILT SKETCH Scale 1"=50'



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: date 6/3/04

Improvement Permit by: date

Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: date 5-17-04

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