IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (2) MOORESVILLE 704-664-5281

(1) **IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION**

PERMIT# 120244 PIN# 4724-95-8610 DATE 6/24/04

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

ADDRESS 1270 Nursside Drive Statesville NC 28677

LOCATION I-40 W, Exit Hwy 90 64, (A) Industrial Blvd, (B) Lowes St, (C) Craig Street, (D) Cline Street, House on right @ 2243 Cline St

SUBDIVISION Ace Investments LLC BLOCK / SECTION — LOT 2 LOT AREA 1.41 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 1012 Date 5-4-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet Eq to 1200 Linear Feet 300

No Lines 5 @ 60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ 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 ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

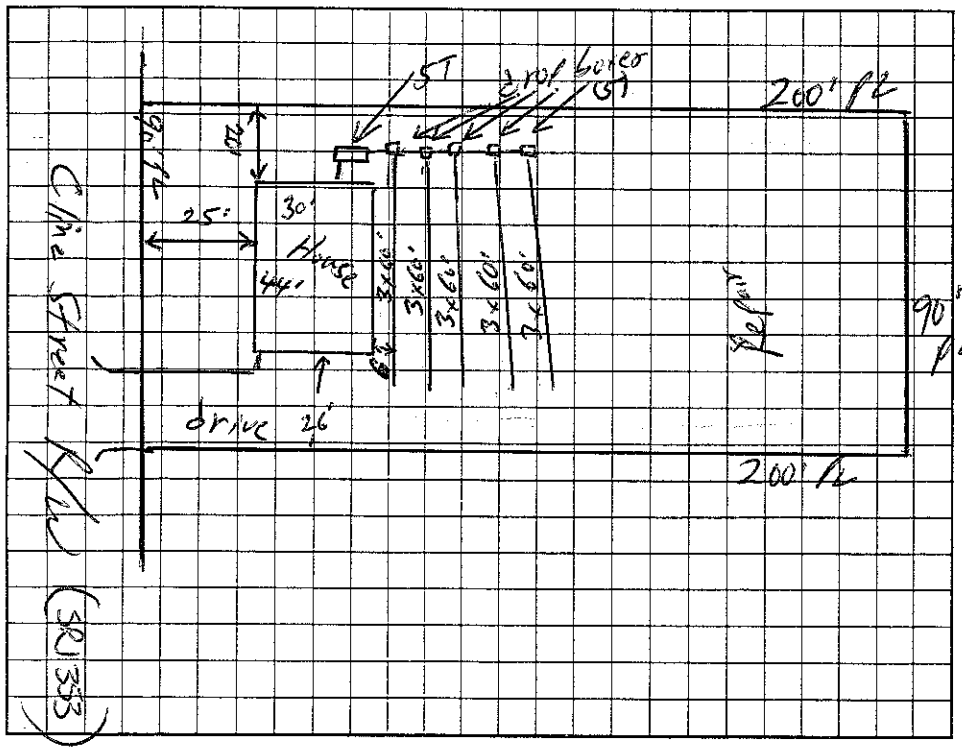
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: (1) Install 1st line 2 close to MH (7-10 ft) (2) Install lines on contour

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFFTITE" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE SKETCH USING 50 "INFILTRATOR" CHAMBERS

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 8-5-04 Installed by: CRAIG THOMPSON

Improvement Permit by: William O. Johnson date 6/24/04 Operation Permit by: STEVE HEDRICK date 9-22-04

Authorization to Construct by: William O. Johnson date 6/24/04 Existing System Inspection by: ____ date ____

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