IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES EXPIRED PERMIT # 081551

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

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

PERMIT# 109819 PIN# 4763-58-4153 DATE 9-17-04

OWNER OR CONTRACTOR FLEETWOOD HOMES OF STATESVILLE PHONE: Business 704-872-0179 Home 704-400-7019

ADDRESS 901 BELL FARM ROAD STATESVILLE, NC 28625

LOCATION US 70 EAST, TL BELL FARM ROAD, ON RIGHT AT BOX # 901

SUBDIVISION OAK CREEK BLOCK / SECTION ____ LOT 309 LOT AREA 0.48 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 786 Date 7-9-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines FIELD 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: 25% REDUCTION, GRAVITY

Repair System Description: 25% REDUCTION, PUMP

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

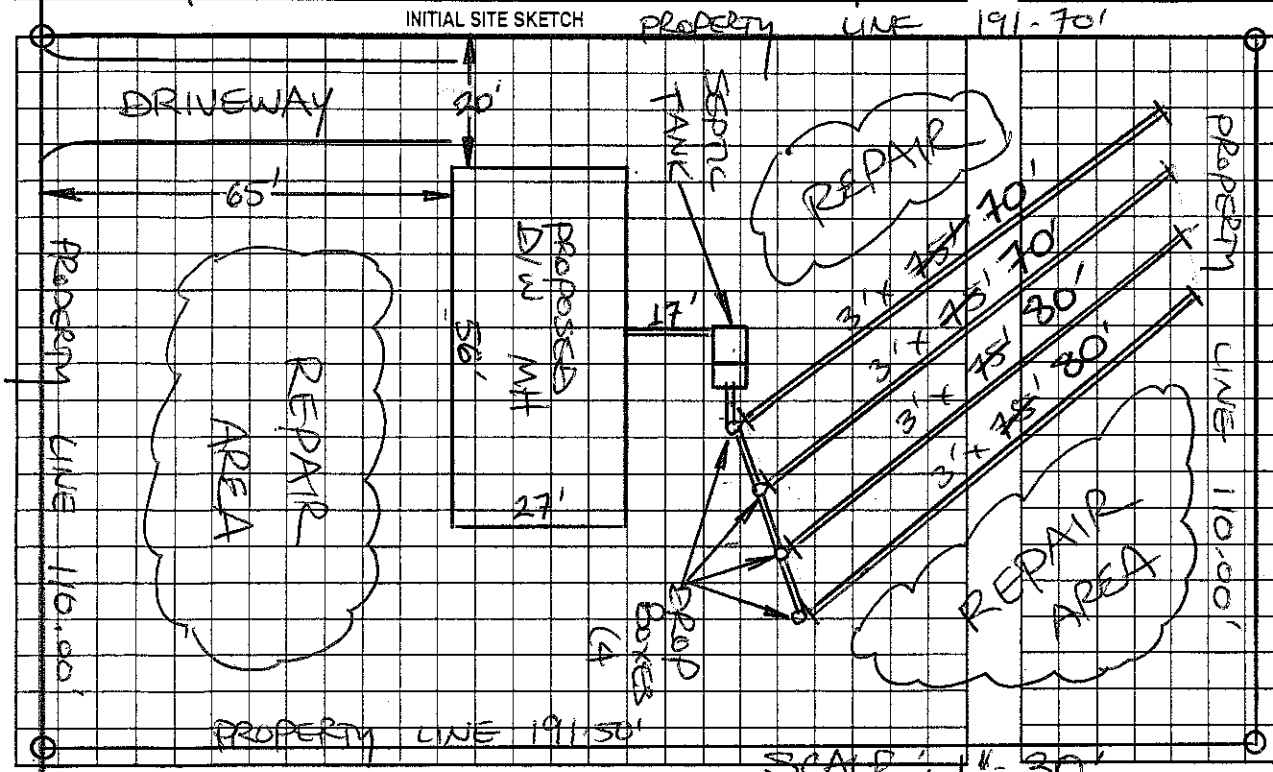
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM AT LOCATION SHOWN. REMOVE EXISTING PORTION OF FIELD TERRACE LOCATED IN VICINITY OF DRAINFIELD

Comments:/Conditions: SYSTEM INSTALLED USING SEPTIC TANK W/ MARKER & "POLYLOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE SKETCH USING 30 HDS SECTIONS

SCALE: 1" = 30'

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 9/17/04

Improvement Permit by: STEVE HERRICK date 9-17-04

Authorization to Construct by: STEVE HERRICK date 9-17-04

Installed by: KANUPP GRADING (BURKE COUNTY)

Operation Permit by: STEVE HERRICK date 9-21-04

Existing System Inspection by: _____ date _____

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