IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093948 PIN# 4765580950 DATE 1/31/01

OWNER OR CONTRACTOR Walter Fox PHONE: Business — Home (704) 799-6581

ADDRESS 123 Sweetwater Drive Statesville NC 28625

LOCATION Hwy 64 W, (L) Riverhill, (L) Rivergreen (R) Sweetwater's

SUBDIVISION Rivergreen BLOCK / SECTION — LOT 6 LOT AREA 1.3 SITE CLASS PE DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1,000 Gallons: STB 1012 Date 9-10-2000

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% Reduction

Maintenance Agreement Required: [ ] Yes [X] No

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[ ] House/Mod. Home No. Bedrooms 3

[X] Mobile Home No. Bathrooms 2

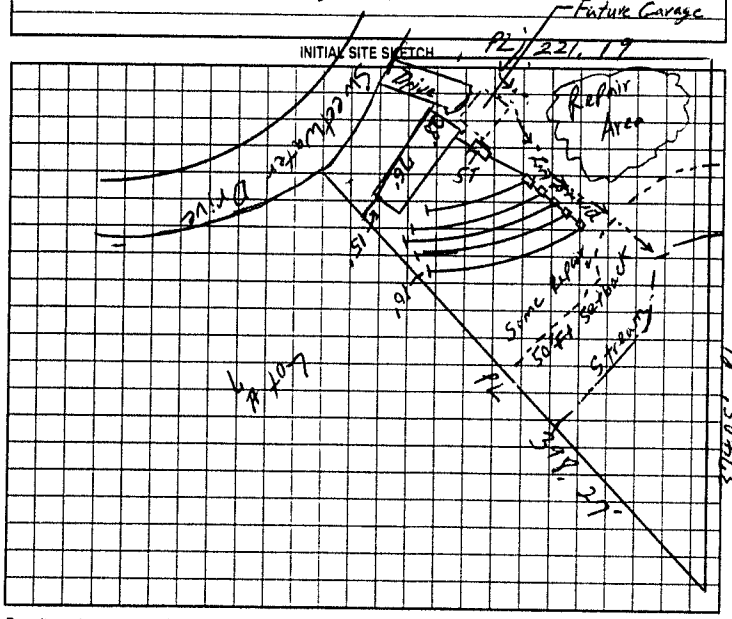
[ ] Business No. Employees ____

[ ] Other ____

Water Supply: [ ] Individual [X] Public [ ] Community

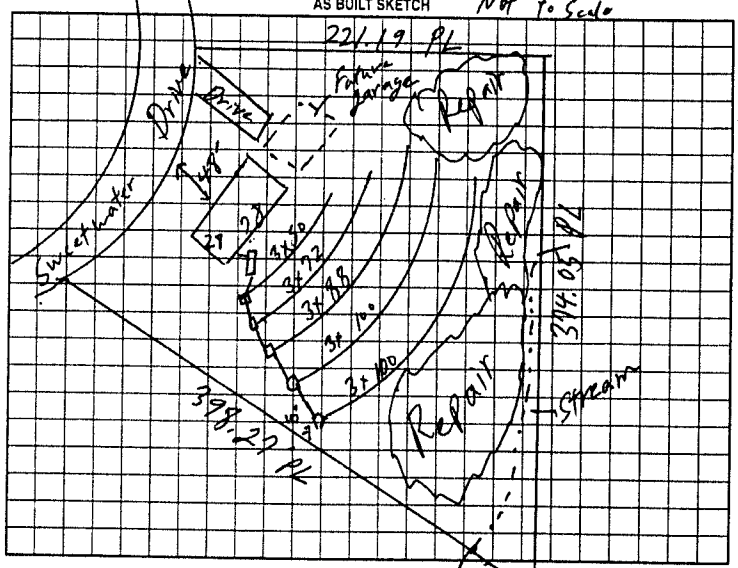
Comments/Conditions: (1) Keep System 10ft From property lines (2) Install on contour (3) Keep 15' From drainage way

INITIAL SITE SKETCH



Comments/Conditions: -poly/silt fitter Installed, tank riser installed -pour Health dept Approval received before changes were made. (wgf)

AS BUILT SKETCH Not to Scale



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: William O. Johnson date 2-01-01 Installed by: A-1 Backhoe

Improvement Permit by: William O. Johnson REI date 1/31/01 Operation Permit by: William O. Johnson date 2/7/01

Authorization to Construct by: William O. Johnson REI date 1/31/01 Existing System Inspection by: ____ date ____

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