IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094252 PIN# 4765580950 DATE 2/6/01

OWNER OR CONTRACTOR Fleetwood Homes PHONE: Business (704) 528-7120 Home —

ADDRESS 1040 Charlotte Hwy Troutman NC 28166

LOCATION Hwy 64 E., @ Knoxhill Rd (L) on Rivergreen Drive

SUBDIVISION Rivergreen BLOCK / SECTION — LOT 26 LOT AREA .46 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1,000 Gallons: STB 794 Date 1-6-01

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No ____

Nitrification Field: No Fields 1 Square Feet Equal to 1,200 Linear Feet 200

No Lines 6 Trench Width 24" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I. II (III) IV. V. VI

System Description: 50% Reduction, Gravity

Repair System Description: 50% Reduction, Pump Gravity

Maintenance Agreement Required: [ ] Yes [X] No

Gravel Depth 5in & 6" [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[X] House/Mod Home [X] Mobile Home [ ] Business [ ] Other

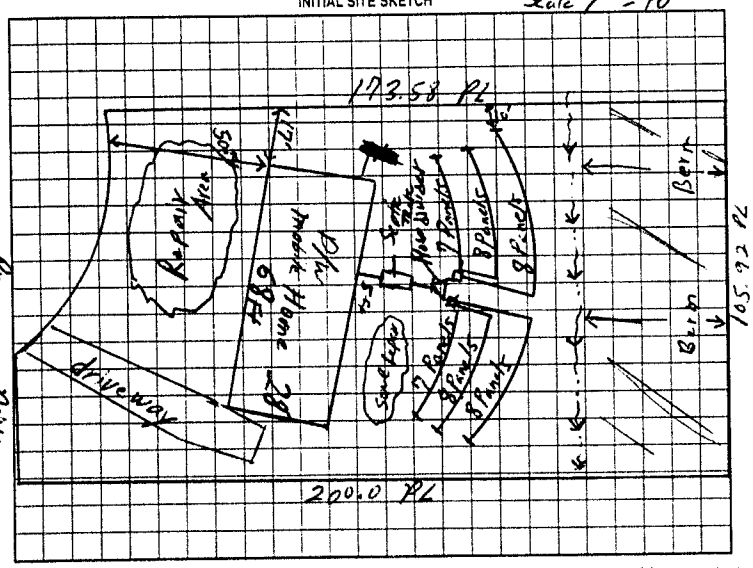
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

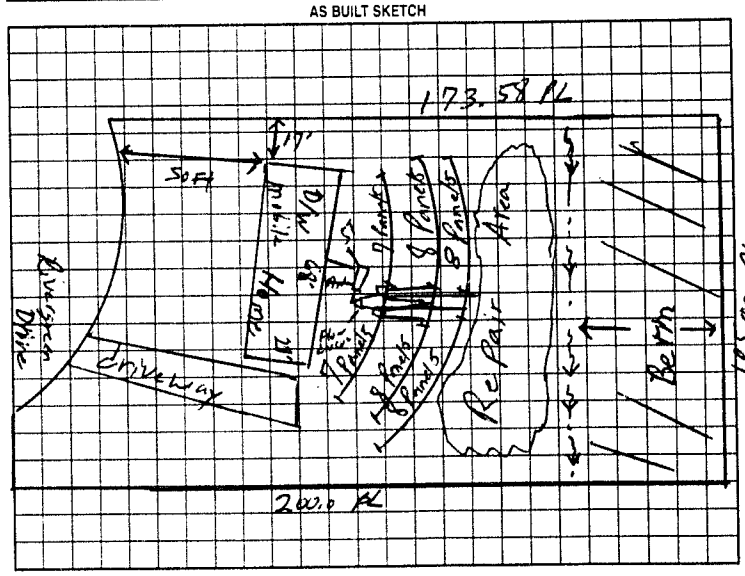
Comments/Conditions: ① Install 50% Reduction System with 46 PP875 panels in 6 lines ② one (1) flowdivider tee into two (2) distribution boxes ③ keep system min 10 Ft from property lines ④ Install on Contour

Comments/Conditions: - poly Filter installed; tank marker installed,

INITIAL SITE SKETCH Scale 1" = 40'



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: ____ date ____

Improvement Permit by: William O. Johnson RSI date 2/6/01

Authorization to Construct by: William O. Johnson RSI date 2/6/01

Installed by: Craig Thompson

Operation Permit by: William O. Johnson date 2/9/01

Existing System Inspection by: ____ date ____

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