IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107720 PIN# 4765-59-0299 DATE 09-10-02

OWNER OR CONTRACTOR FLEETWOOD HOMES OF STATESVILLE PHONE: Business _____ Home 704-872-6179

ADDRESS 1270 NORTHSIDE DR. STATESVILLE NC 28677

LOCATION 64 EAST, (L) RIVERHILL RD, (L) RIVERGREEN, (L) SWEETWATER, AT END ON RT, LOTH 13

SUBDIVISION RIVERGREEN BLOCK / SECTION _____ LOT 13 LOT AREA 0.5AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 1007 Date 7-24-02
Pump Tank: 1000 Gallons; PT 274 Date 7-16-02
Pump Make: LITTLE GIANT Model 9EH-LTA-RFS Serial No AKA 02004688
Nitrification Field: No Fields 1 Square Feet EW=1200' Linear Feet 200'
No Lines 4X50' Trench Width 24" Max Trench Bottom Depth 36"

(X) New System ( ) Repair System Type: I, II, (III), IV, V, VI
System Description: PUMP 5040 REDUCT
Repair System Description: LP PANEL
Maintenance Agreement Required: ( ) Yes (X) No
Gravel Depth N/A ( ) Slab (X) Crawl Space ( ) Basement w/plumbing ( ) Basement wo/plumbing

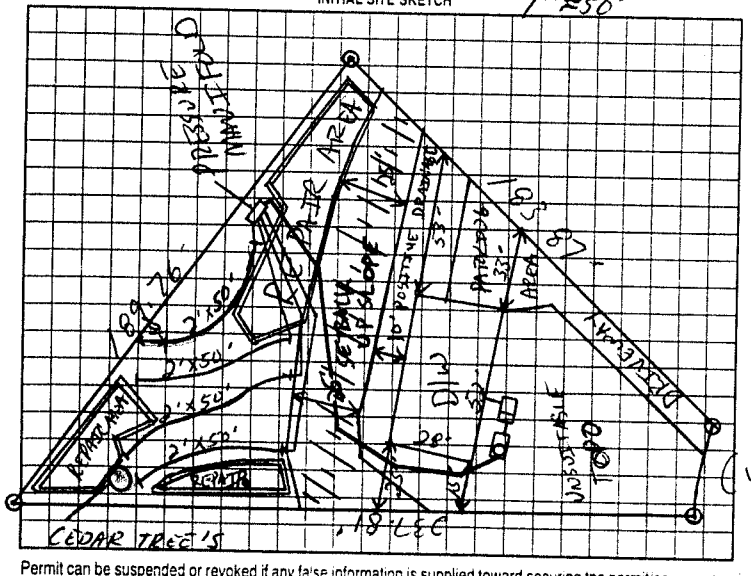
( ) House/Mod. Home No. Bedrooms 3
(X) Mobile Home No. Bathrooms 2
( ) Business No. Employees ____
( ) Other _____

Water Supply: ( ) Individual (X) Public ( ) Community

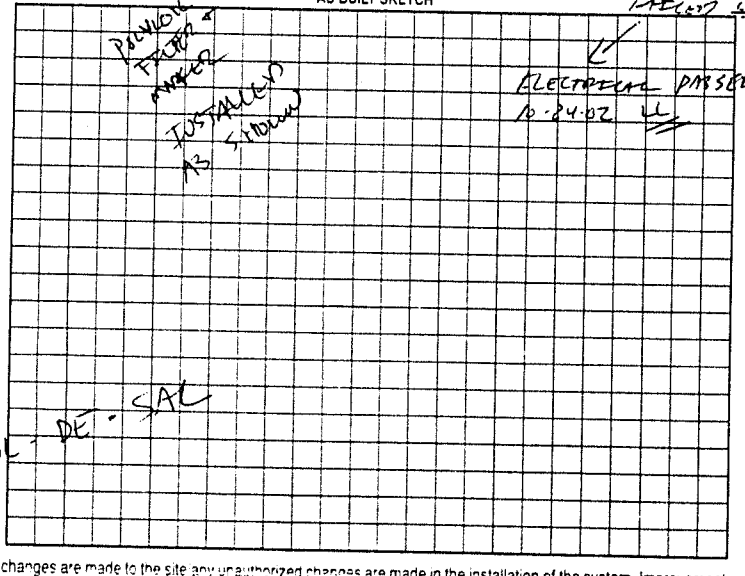
Comments/Conditions: (1) SYSTEM & HOUSE IS ENTIRELY FLAGGED OUT (2) MAINTAIN SETBACKS (3) USE PRESSURE MANIFOLD (4) CALL PRIOR TO INSTALLATION FOR PUMP STRUCK DUFO, (5) FILL PAD & POND

Comments/Conditions: W'D LINES & PRESSURE MANIFOLD 10-3-02. NEEDS EVERYTHING ELSE. CUT. W/O EVERYTHING ELSE 10/10/2002 - ELECTRICAL

INITIAL SITE SKETCH 1"=50'



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 9.16.02 Installed by: JAMES HUDDLER

Improvement Permit by: _____ date 09-16-02 Operation Permit by: _____ date 10-24-02

Authorization to Construct by: _____ date 09-16-02 Existing System Inspection by: _____ date _____

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