IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102757 PIN# 4765-59-1103 DATE 10-15-01

OWNER OR CONTRACTOR FLEETWOOD HOMES PHONE: Business _____ Home 704-872-0179

ADDRESS 1270 NORTHSIDE DR, STATESVILLE NC 28677

LOCATION HWY 64 E, (L) RIVER[redacted], (L) RIVERGREEN, FIRST LEFT, AT END ON RT

SUBDIVISION RIVERGREEN BLOCK / SECTION _____ LOT 15 LOT AREA 0.5 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons: STB 1012 Date 7-17-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet EQ=1200' Linear Feet 300'
No Lines 4x75' Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: 6 BAY 25% RED
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

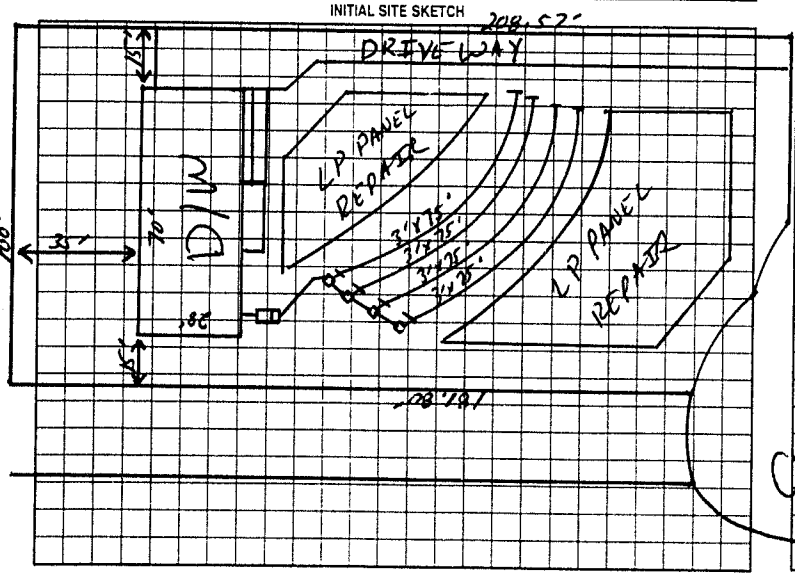
[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home DW No. Bathrooms 2
[ ] Business No. Employees _____
[ ] Other _____

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

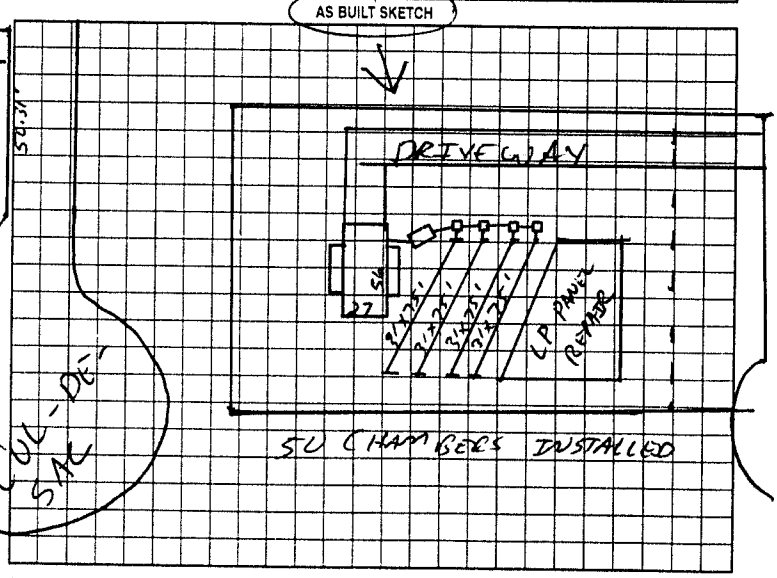
Comments/Conditions: ① INSTALL LINES ON CONTOURS ② MAINTAIN SETBACKS ③ KEEP H2O LINE 10' FROM ANY PART OF SYSTEM

Comments/Conditions: POLYLOK FILTER UMACKER
13 13 12 12 = 50

INITIAL SITE SKETCH



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: [signature] date 10-15-01 Installed by: A-1 BACKHOE

Improvement Permit by: [signature] date 10-15-01 Operation Permit by: [signature] date 10-16-01

Authorization to Construct by: [signature] date 10-15-01 Existing System Inspection by: _____ date _____

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