IREDELL COUNTY HEALTH DEPARTMENT

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

CI

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

PERMIT# 104510 PIN# 4765-59-2313

OWNER OR CONTRACTOR FLEETWOOD HOMES PHONE: Business 704-872-0179 Home DATE 03-04-02

ADDRESS 1270 NORTHSIDE DR STATESVILLE NC 28625

LOCATION 64E, ⓒ RIVERHILL, Ⓒ RIVERGREEN, Ⓒ SWEETWATER, TO CUL-DE-SAC, TURN RT BACK BEHIND LOT 13

SUBDIVISION RIVERGREEN BLOCK / SECTION ____ LOT 14 LOT AREA 1.0 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 10-8-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 1920' Linear Feet 640'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System ☐ Repair System Type: I. Ⓒ III. IV. V. VI
System Description: CONV GRAV
Repair System Description: GRAV. 25% REDUCT/LP
Maintenance Agreement Required: ☐ Yes X No PANEL
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

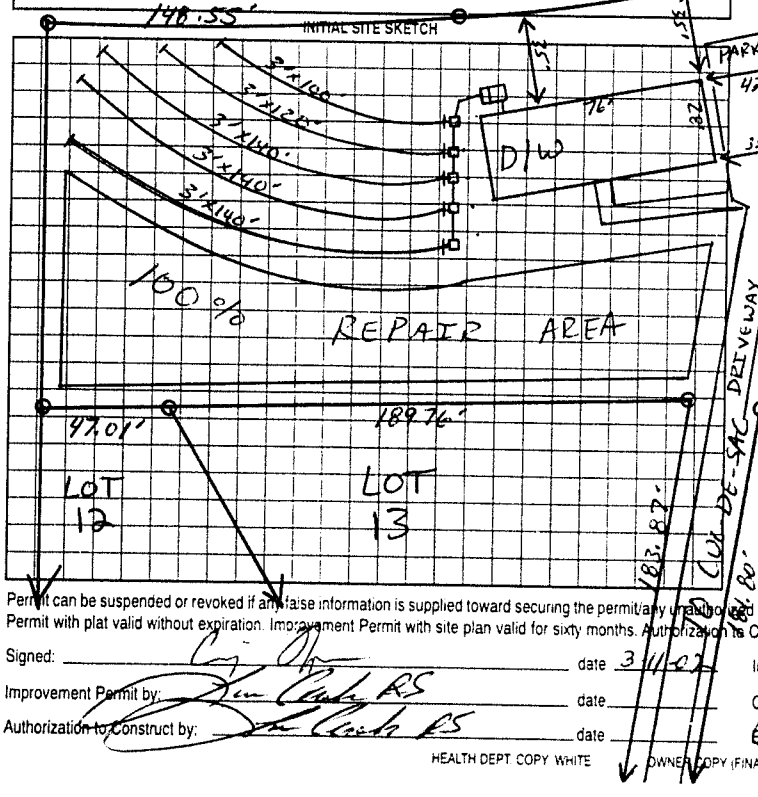
X Mobile Home DW
No. Bedrooms 4
No. Bathrooms 2.5
No. Employees ____

Water Supply: ☐ Individual X Public ☐ Community

Comments/Conditions: ① MAINTAIN SETBACKS ② INSTALL LINES ON CONTOURS ③ SYSTEM IS FLAGGED OUT

Comments/Conditions: POLYLOK FILTER & RISER

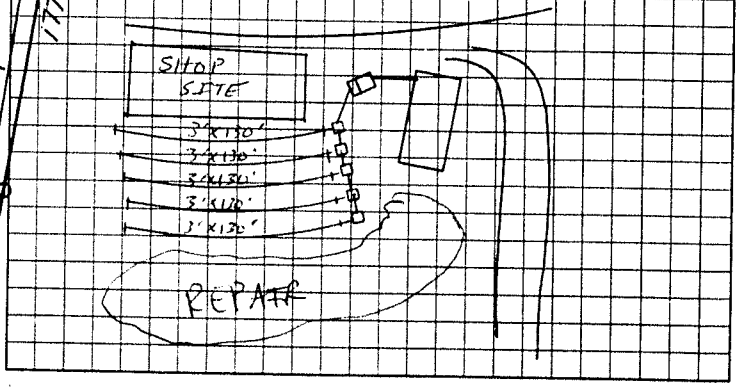
INITIAL SITE SKETCH



AS BUILT SKETCH

1"=50'

MET WITH OWNER & HOUSE IS CHANGING LOCATION, FLIP FLOP 1ST & 2ND LINE DOWN & PUT REPAIR ABOVE & BELOW. ⓒⓒ REPAIR CHANGED TO LP PANEL & VC CHANGED TO 5 LINES 130' LONG = 640'



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 3/1/02

Improvement Permit by: RS date ____

Authorization to Construct by: RS date ____

Installed by: CRAIG THOMPSON

Operation Permit by: RS date 03-27-02

Existing System Inspection by: ____ date ____

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