IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093849 PIN# 4765580950 DATE 2/21/01

OWNER OR CONTRACTOR Fleetwood Homes PHONE: Business Home (704)489-1113

ADDRESS 4879 NC 16 Denver, NC 28037

LOCATION Hwy 64 E, (L) River Hill, (L) Rivergreen, Lot 25 on Right

SUBDIVISION Rivergreen BLOCK / SECTION — LOT 25 LOT AREA .61 Ac. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 354 Date 11-24-00
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No
Nitrification Field: No Fields 1 Square Feet Equivalent to 1209 Linear Feet 322
No Lines 3 @ 100 Trench Width 3ft Max Trench Bottom Depth 30" Gravel Depth —

X New System ☐ Repair System Type: I (II) III IV V VI
System Description: 25% Reduction, Gravity
Repair System Description: 50% Reduction Pump
Maintenance Agreement Required: ☐ Yes X No

☐ House/Mod. Home X Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees

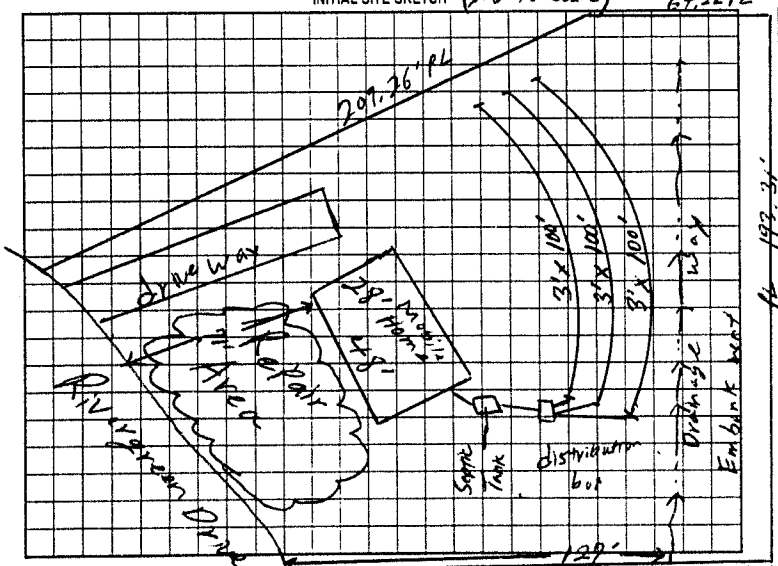
Water Supply: ☐ Individual (X) Public ☐ Community

☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

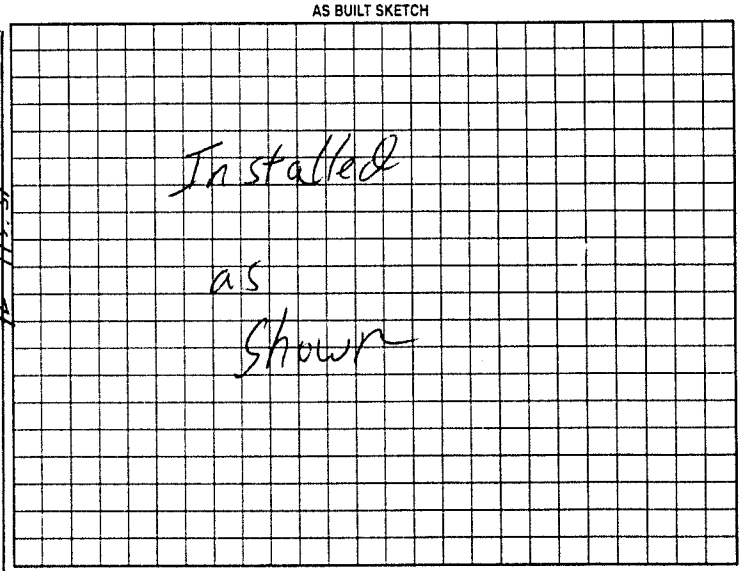
Comments/Conditions: ① Do Not Install when wet ② Keep 10 Ft off property lines ③ 25% Reduction System w/ cherbuns or HOES Sections, Keep Close to House ④ Install on Contour

Comments/Conditions: — Poly Lok Filter installed
· Septic Tank marker installed
— Installed using 300' of HOES Sections

INITIAL SITE SKETCH (Not to Scale)



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 WSI date 2/1/01

Authorization to Construct by: William Johnson date 2/1/01

Installed by: G-F-M Enterprises

Operation Permit by: William O. Johnson date 2/19/01

Existing System Inspection by: _____ date _____

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