CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102833 PIN# 4766-56-7207 DATE 10-17-01

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

ADDRESS 1270 NORTHSIDE DR. STATESVILLE NC 28625

LOCATION HWY 64 E @ OLOMOLESVILLE, @ CHESTNUT GROVE, ON RT 1 MILE BESIDE BRICK HOUSE

SUBDIVISION BLOCK / SECTION LOT 3 LOT AREA 1 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8-13-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet EQ=1600 Linear Feet 400'
No Lines 4X100' Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: GRAV 25% RED
Repair System Description: GRAV/LP PANEL
Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home No. Bedrooms 4
[X] Mobile Home DW No. Bathrooms 2
[ ] Business No. Employees
[ ] Other

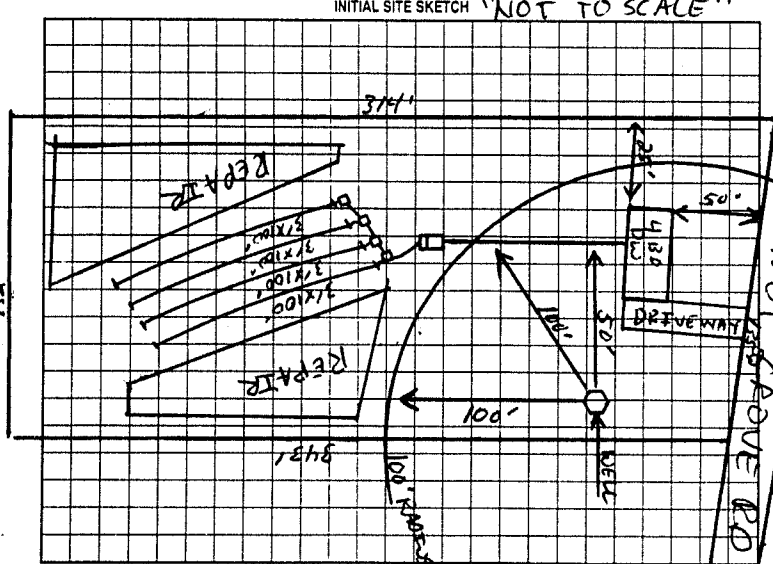
Gravel Depth N/A [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments/Conditions: [redacted]

Comments/Conditions: POLYLOK FILTER & MANIFOLD
INSTALLED AS SHOWN CHAMBERS USED
[redacted]

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: [signature] date 10-22-01 Installed by: A-1 BACKHOE

Improvement Permit by: [signature] RS date 10-19-01 Operation Permit by: [signature] RS date 10-22-01

Authorization to Construct by: [signature] RS date 10-19-01 Existing System Inspection by: date

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