IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 10-22-1999

STATESVILLE 704-878-5305 (1) MOORESVILLE 704-664-5281

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

PERMIT# 112853 PIN# 4778-79-4243 DATE 5-27-03

OWNER OR CONTRACTOR FLEETWOOD HOMES OF STATESVILLE PHONE: Business % 704-400-7019 Home 704-872-0179

ADDRESS 1270 NORTHSIDE DRIVE, STATESVILLE NC 28677

LOCATION US 21 N, TR MT. BETHEL RD, TR FOUR ANDREWS DRIVE, TL HANNAH SUE DR, 1ST LOT ON RIGHT

SUBDIVISION ROCKGATE BLOCK / SECTION I LOT 7 LOT AREA 0.7 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

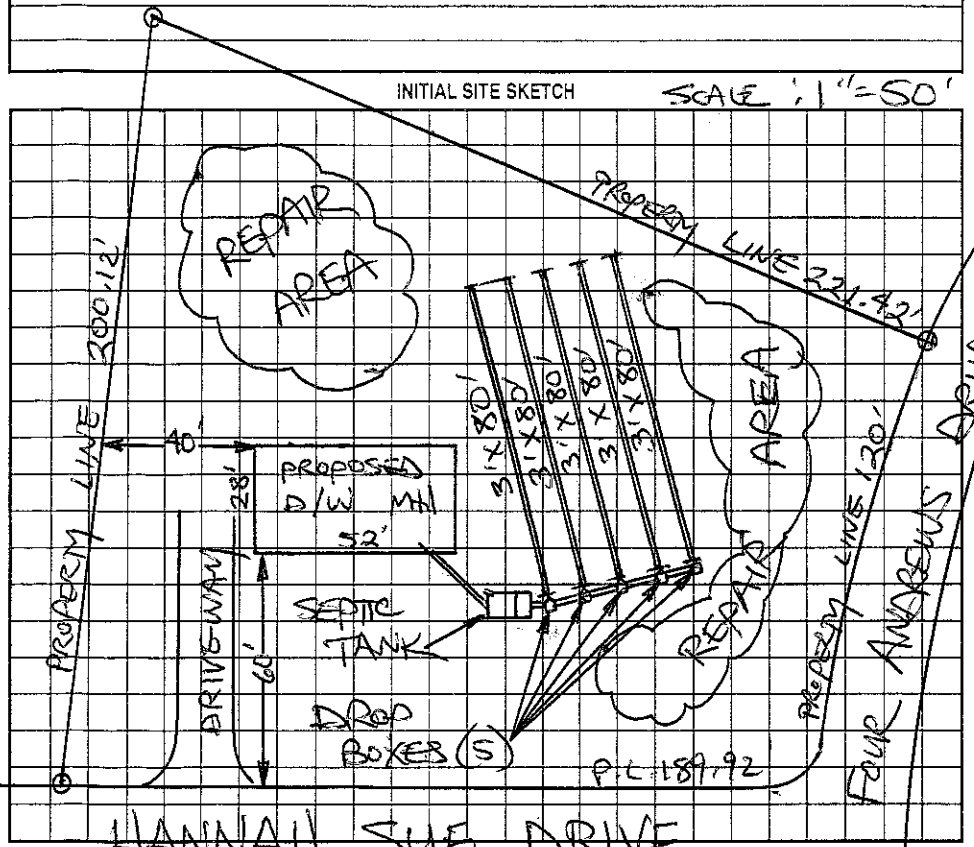
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

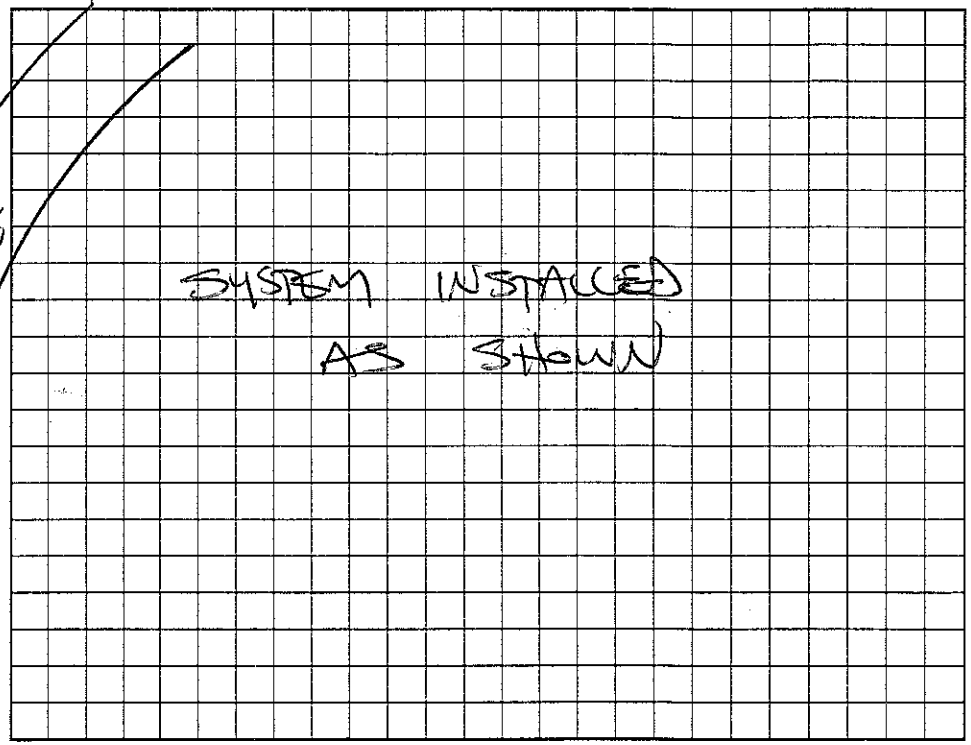
Comments:/Conditions:

Comments:/Conditions: (1) SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER (2) SYSTEM INSTALLED USING 40 EZ-FLOW SECTIONS

INITIAL SITE SKETCH SCALE: 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: Bryan Spurrier 5/27/03 date ____ Installed by: CRAIG THOMPSON

Improvement Permit by: STEVE HEDRICK date 5-27-03 Operation Permit by: STEVE HEDRICK date 5-30-03

Authorization to Construct by: STEVE HEDRICK date 5-27-03 Existing System Inspection by: ____ date ____

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