IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES PREVIOUS ISSUED 7-9-99

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

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

PERMIT# 12/984 PIN# 4778-79-6489 DATE 6-3-04

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

ADDRESS 1270 NORTHSIDE DRIVE, STATESVILLE, NC 28625

LOCATION US 21 NORTH, TR MT. BETHEL ROAD, TR FOUR ANDREWS DRIVE, 1ST LOT ON RIGHT

SUBDIVISION ROCKGATE BLOCK / SECTION _____ LOT 62 LOT AREA 0.60 ACRE SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 2-15-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 400

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% REDUCTION SYSTEM

Repair System Description: 25% REDUCTION SYSTEM

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms ____ No. Employees ____

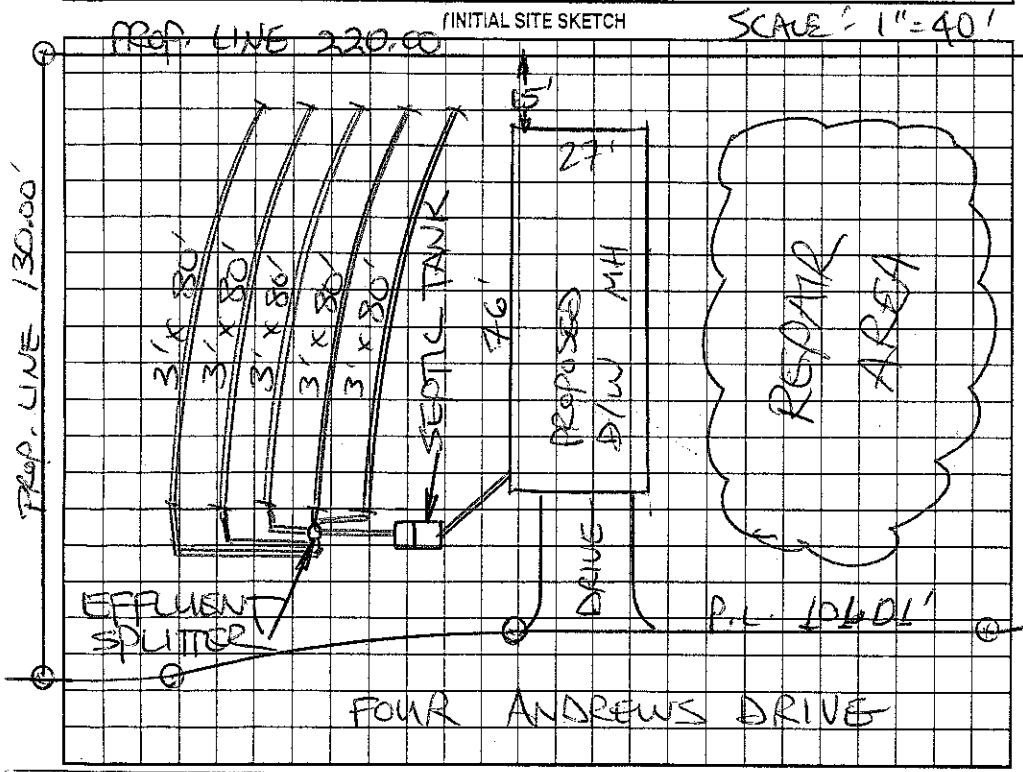
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

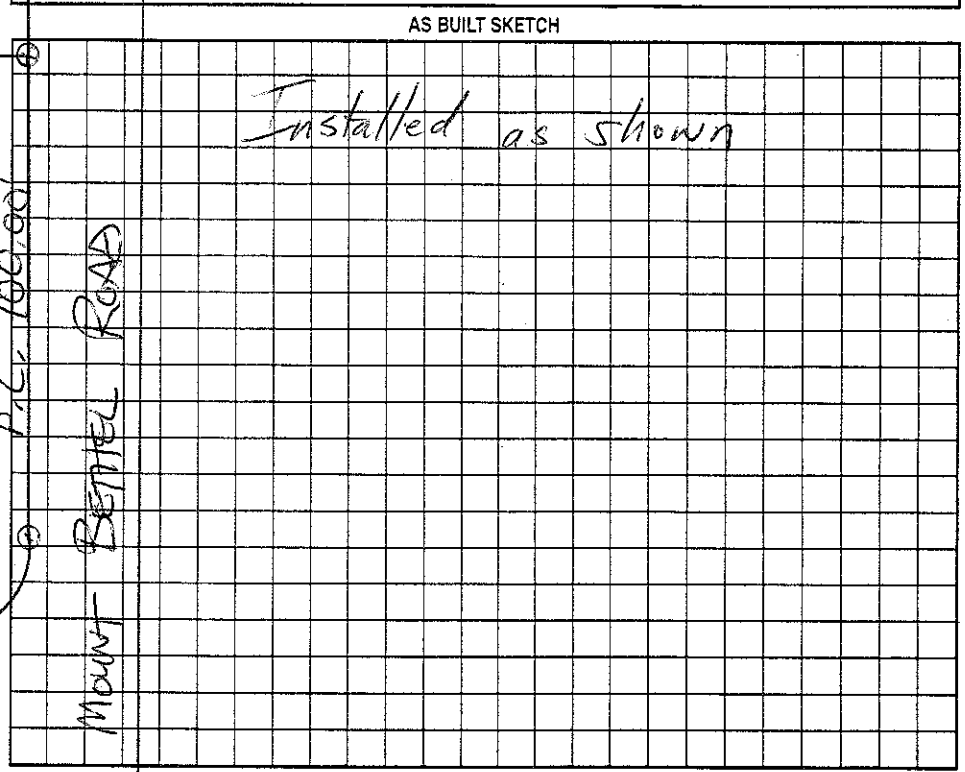
Comments:/Conditions: ① USE ONE EFFLUENT SPLITTER (SUCH AS ZOELAR "TRU-FLO") TO ACHIEVE EQUAL DISTRIBUTION ② INSTALL 25% REDUCTION SYSTEM ON CONTOUR

Comments:/Conditions: ① Tuff-Tite Filter ② Infiltrator chambers ③ 18" riser ④ Used d-box w/ speed levelers

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: Brian Jamison date 6/3/04 Installed by: Craig Thompson

Improvement Permit by: STEVE HEDRICK date 6-3-04 Operation Permit by: Christopher M. Shields, PE date 6-23-04

Authorization to Construct by: STEVE HEDRICK date 6-3-04 Existing System Inspection by: _____ date _____

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