IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 119745 PIN# 4812-08-~~6657~~ 2967 DATE 5-7-04

OWNER OR CONTRACTOR Fleetwood Homes of Statesville PHONE: Business (704) 872-0179 Home

ADDRESS 1270 Northside Dr Statesville 28677

LOCATION 115N LEFT Coolbrook Prop. on left 2.4 MILES.

SUBDIVISION BLOCK / SECTION LOT LOT AREA .764 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 12-16-03
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet Linear Feet 240
No Lines 6 @ 40' Trench Width 24" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity Panel 50% Red
Repair System Description: LP Panel 50% Red
Maintenance Agreement Required: ☐ Yes ☑ No

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

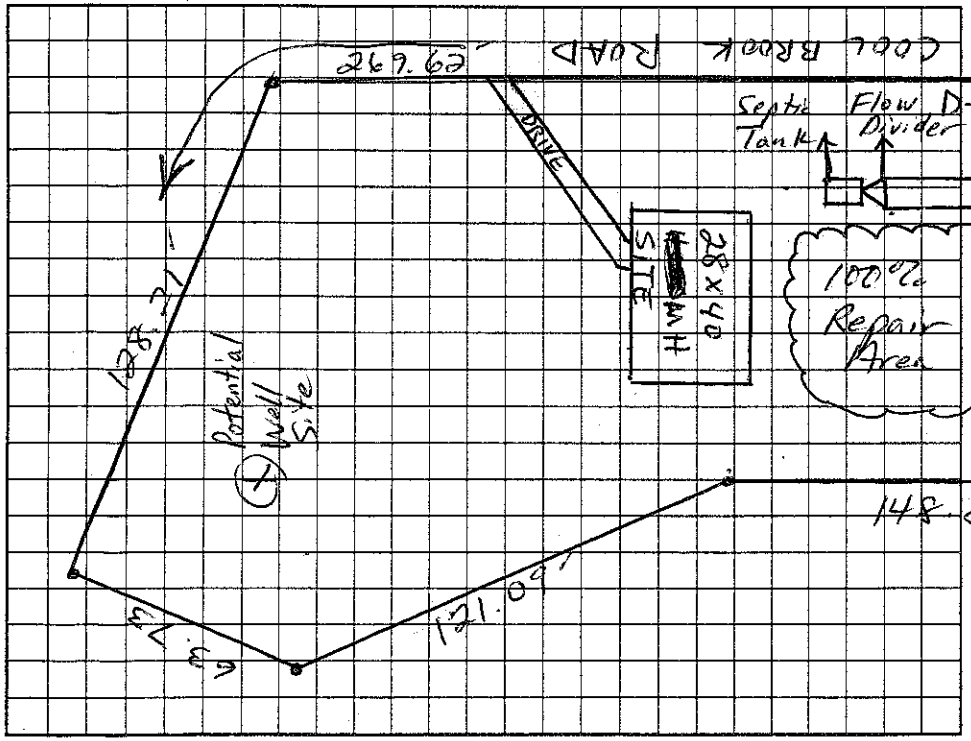
Water Supply: ☑ Individual ☐ Public ☐ Community

Gravel Depth 24" SAND ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

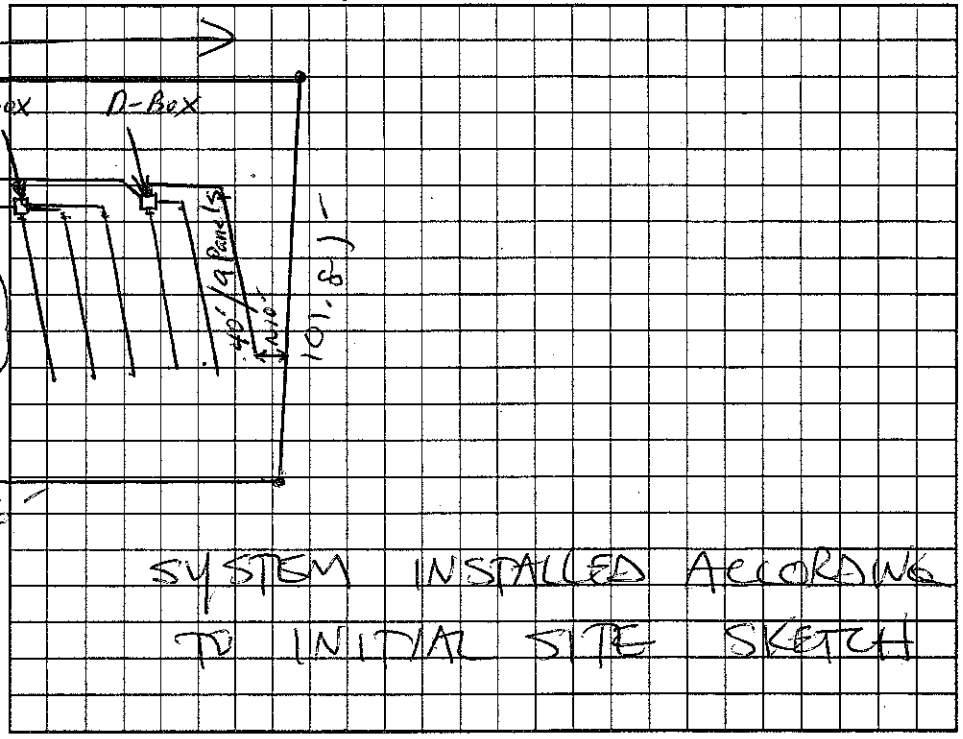
Comments:/Conditions: ① INSTALL TOTAL 54 PANELS ② RACK + LIME TRENCH WALLS.

Comments:/Conditions: ① SEPTIC TANK W/ MARKER INSTALLED USING "POLYLOK" FILTER ② DRAINLINES LEFT OPEN DURING PERIOD OF HEAVY RAINS.

Scale 1" = 50' 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: _____ date 5-7-04 Installed by: CRAIG THOMPSON

Improvement Permit by: Christopher M. Shirkill RS date 5-7-04 Operation Permit by: STEVE HENDRICK date 5-28-04

Authorization to Construct by: Christopher M. Shirkill RS date 5-7-04 Existing System Inspection by: _____ date _____

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