IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120312 PIN# 4640901685 DATE 6/16/04

OWNER OR CONTRACTOR RIVER GREEN LLC PHONE: Business 604-7745 Home

ADDRESS PO BOX 1732 LINCOLNTON NC 28093

LOCATION 77N- TR TOMLEN MILL - TL 30564 - TL OLEN ~~CIRCLE~~ LOOP LOT ON LEFT

SUBDIVISION OLEN GLEN BLOCK / SECTION LOT 24 LOT AREA .51AC SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. .36GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 4-21-04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet ~~400~~ 300
No Lines 4@75' 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: GRAVITY 25% REDUCTION
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

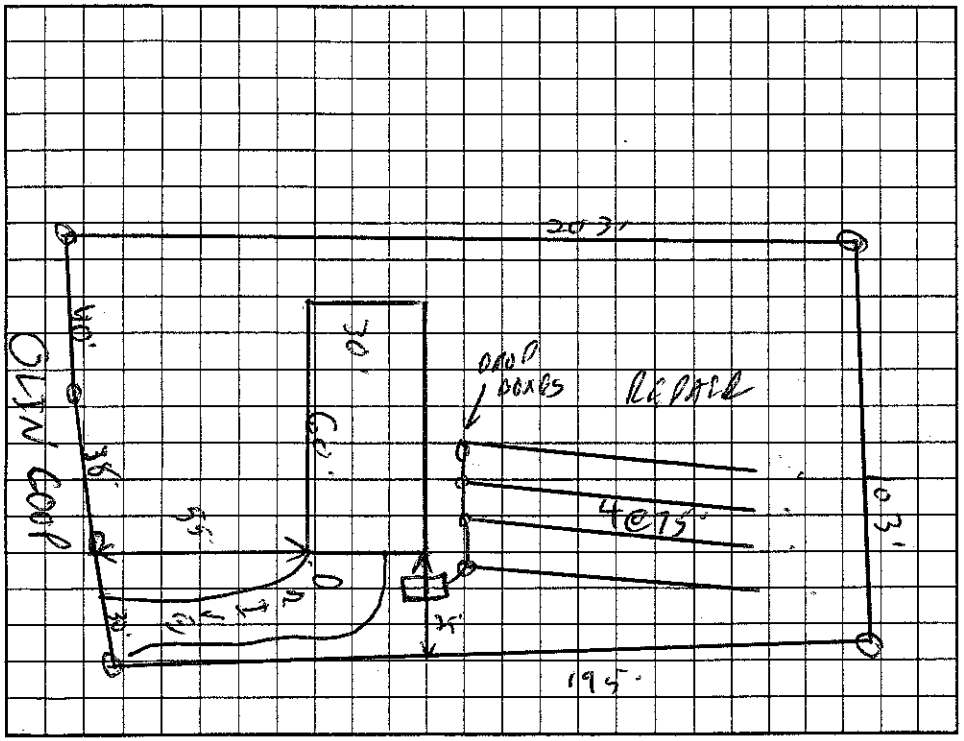
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

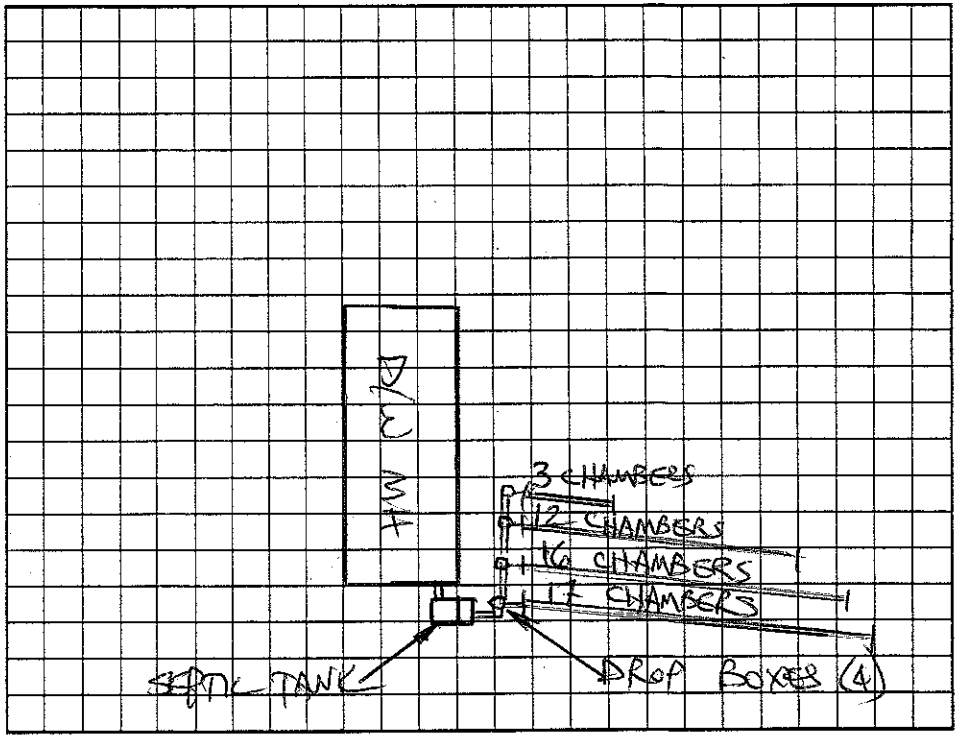
Comments/Conditions: DO NOT CUT HOUSE PAD

Comments/Conditions: ① SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER
② SYSTEM ALTERED AS SHOWN WITHOUT PRIOR HEALTH DEPARTMENT APPROVAL

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

Improvement Permit by: HS date 6/16/04

Authorization to Construct by: William G Johnson date 8/4/04

Installed by: CRAIG THOMPSON

Operation Permit by: ~~STEVE~~ HARRICK date 8-27-04

Existing System Inspection by: date

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