IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120300 PIN# 4840-90-4607 DATE 8-30-04

OWNER OR CONTRACTOR RIVER GREEN, LLC PHONE: Business (704)609-7745 Home (704) 400-7019 FLEETWOOD HOMES

ADDRESS PO BOX 1732 LINCOLNTON, NC 28093

LOCATION I-77N TL TOMLIN MILL RD TR JENNINGS TR OLIN LOOP RD PROP ON RIGHT

SUBDIVISION OLIN GLEN BLOCK / SECTION 1 LOT 22 LOT AREA .51 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 4-15-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: PANEL LPP 50% RED
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____

Gravel Depth N/A ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

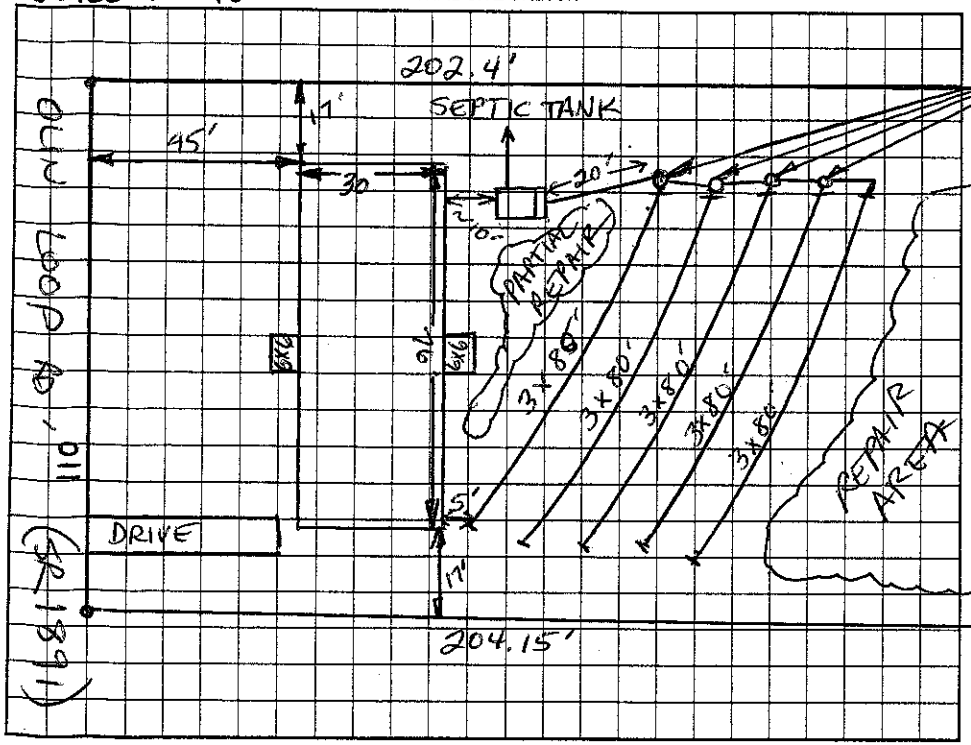
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: (1) INSTALL LINES ON CONTOUR
(2) MAINTAIN ALL SETBACKS

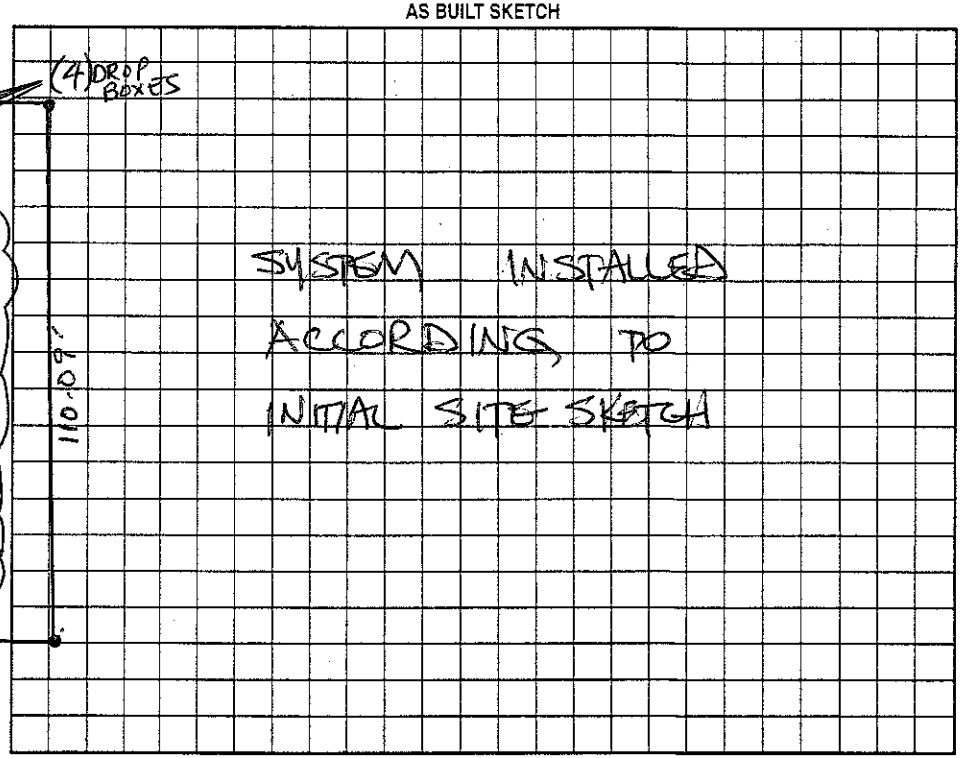
Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER

SCALE 1"=40'

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 8/30/04 Installed by: CRAIG THOMPSON

Improvement Permit by: _____ RS date 8-30-04 Operation Permit by: STEVE HENDRICK date 9-15-04

Authorization to Construct by: _____ RS date 8-30-04 Existing System Inspection by: _____ date _____

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