*PERMIT REPLACES OLD PERMIT ISSUED 6/16/04 NOW VOID

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120297 DIN# 4840-90-6627 DATE 9/17/04

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

ADDRESS 1220 NORTHSIDE DR. STATESVILLE NC 28678

LOCATION I-77N TR TOMLIN MILL TL JOSEY TL OLIN LP ON LT

SUBDIVISION OLIN GLEN BLOCK / SECTION LOT 20 LOT AREA .51 ACRES SITE CLASS PS DESIGN FLOW 450 L.T.A.R. 0.3 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 5-3-04
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" Gravel Depth N/A

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

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

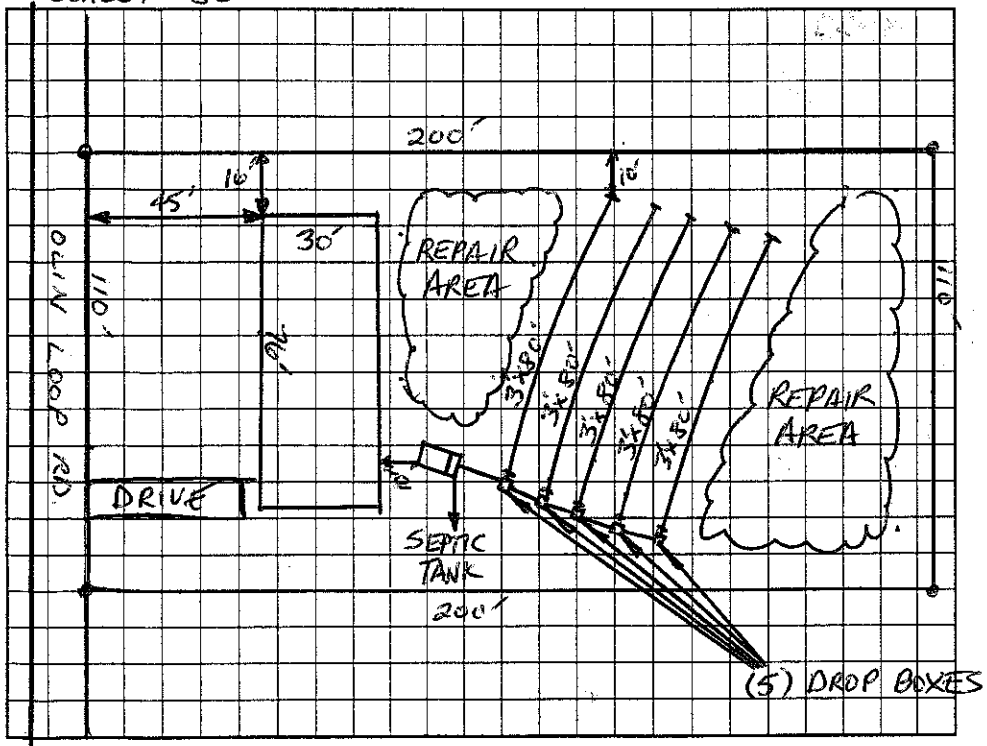
Water Supply: ☐ Individual ☑ Public ☐ Community IREDELL WATER

Comments:/Conditions: INSTALL LINES ON CONTOUR

Comments:/Conditions: ① TUFF TITE ② INFILTRATOR CHAMBERS

SCALE 1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

*INSTALLED ACCORDING TO 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 9/17/04 Installed by: CRAIG THOMPSON

Improvement Permit by: Christopher M Shuler RS date 9-17-04 Operation Permit by: Christopher M Shuler RS date 9-20-04

Authorization to Construct by: Christopher M Shuler RS date 9-17-04 Existing System Inspection by: date

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