IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123943 PIN# 4840-90-9659 DATE 10-22-04

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

ADDRESS PO BOX 1732 LINCOLNTON NC 28093

LOCATION I-77N TR TOMLIN MILL TL JOSEY TL OLIN

SUBDIVISION OLIN GLEN BLOCK / SECTION I LOT 17 LOT AREA .5309 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 7-12-04
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 30" Gravel Depth N/A

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

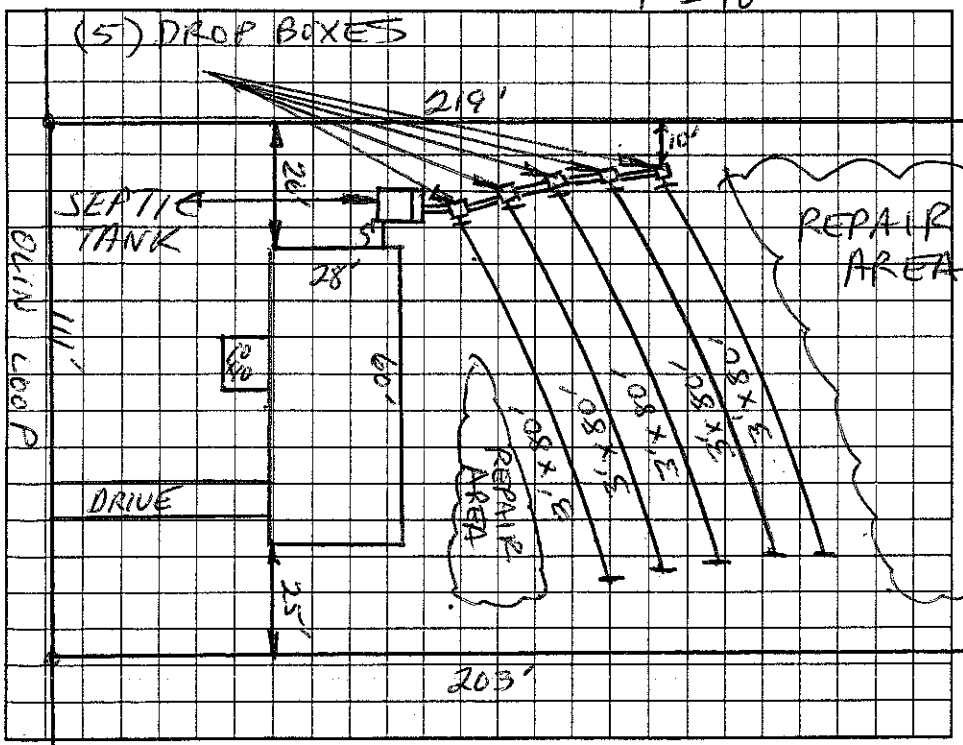
☐ House/Mod. Home No. Bedrooms 4
☑ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

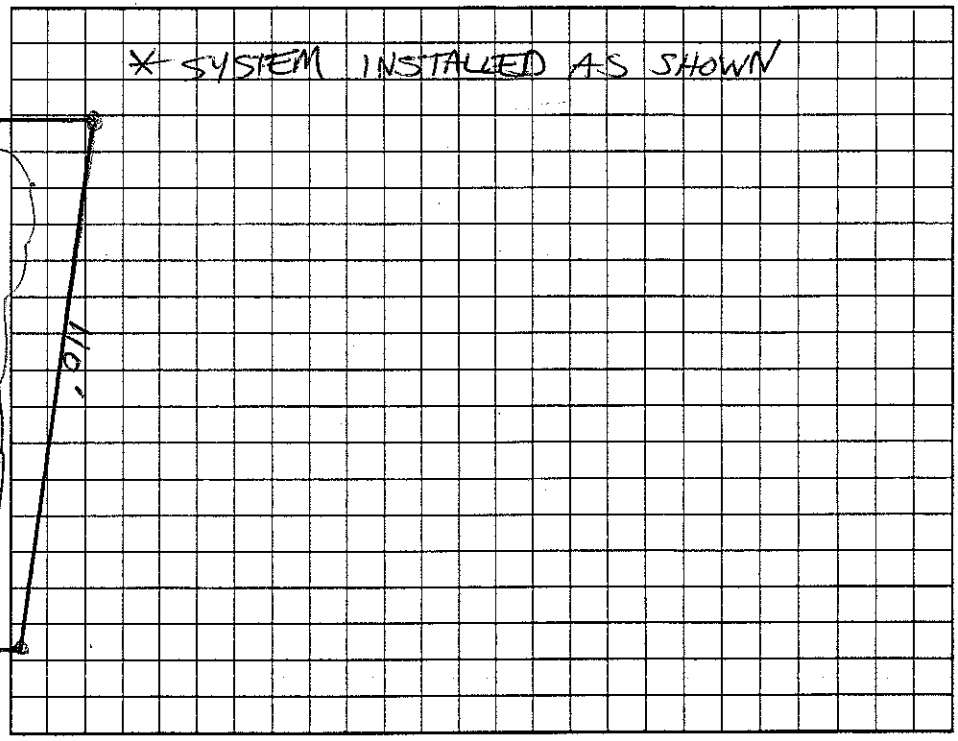
Comments:/Conditions: ① INSTALL LINES @ 30" ON CONTOUR ② MAINTAIN SETBACKS

Comments:/Conditions: ① SIDEWINDER CHAMBERS ② TUFF-TITE FILTER ③ WHITE "SPACE INVADER" FOAM USED AS SEALANT

INITIAL SITE SKETCH 1" = 40'



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: [signature] date 1-3-05 Installed by: A-1 BACKHOE

Improvement Permit by: [signature] date 10-22-04 Operation Permit by: [signature] date 1-7-05

Authorization to Construct by: [signature] date 12-29-04 Existing System Inspection by: ____ date ____

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