IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125257 PIN# 4850-00-1968 DATE 2-18-05

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

ADDRESS PO BOX 1732 LINCOLNTON NC 28093

LOCATION I-77N TR TOMLIN MILL RD (EXIT 59) TL JOSEY TL OLIN LOT ON RIGHT

SUBDIVISION OLIN GLEN BLOCK / SECTION I LOT 9 LOT AREA .5035 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB ~~1200~~ 760 Date 10-29-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~1200~~ 1600 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: GRAVITY 25% REDUCTION

Repair System Description: LOW-PRESSURE PIPE

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 4

☑ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

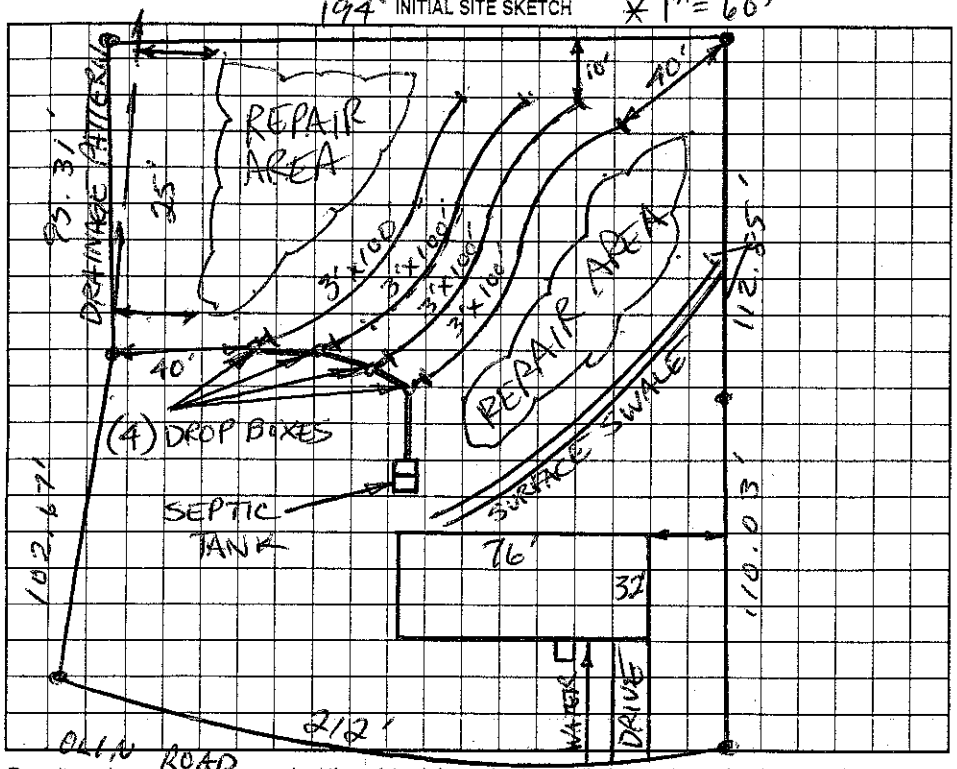
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions ① INSTALL 24" ON CONTOUR
② MAINTAIN SETBACKS ③ SMOOTH OUT ROUGH TOPO
④ INSTALL SURFACE SWALE ABOVE SYSTEM

Comments:/Conditions:

194' INITIAL SITE SKETCH * 1" = 60'



AS BUILT SKETCH

* SYSTEM IS NOW AN AT-GRADE SYSTEM
* 12" SOIL CAP HAULED IN OVER SHALLOW LINES
* IT SHALL BE NOTED THAT THIS SYSTEM WAS RAINED ON FOR OVER A WEEK AFTER (3) FAILED INSPECTIONS

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 2/21/05 Installed by: ABEE'S GRADING

Improvement Permit by: Christopher M. Sherrill, LS date 2-18-05 Operation Permit by: Christopher M. Sherrill, LS date 3-21-05

Authorization to Construct by: Christopher M. Sherrill, LS date 2-18-05 Existing System Inspection by: _____ date _____

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