IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123944 PIN# 4850-00-2881 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 LOT ON LEFT

SUBDIVISION OLIN GLEN BLOCK / SECTION 1 LOT 14 LOT AREA .5051 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 5-16-04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400
No Lines 4 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 PBDPS 50% RED.
Maintenance Agreement Required: ☐ Yes ☑ No

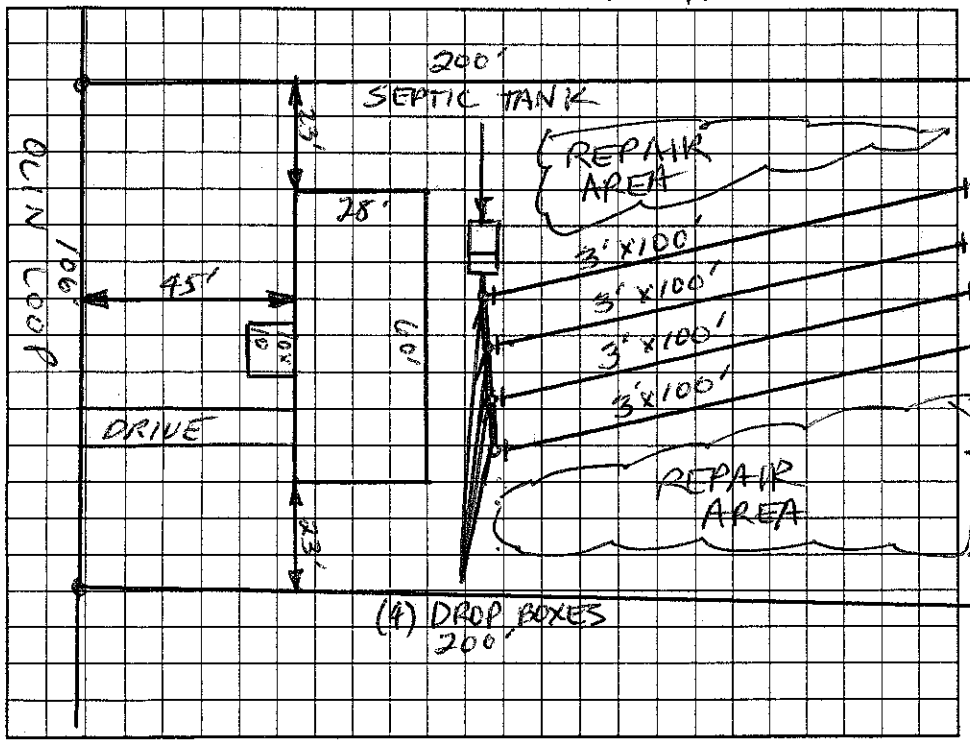
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms No. Employees
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

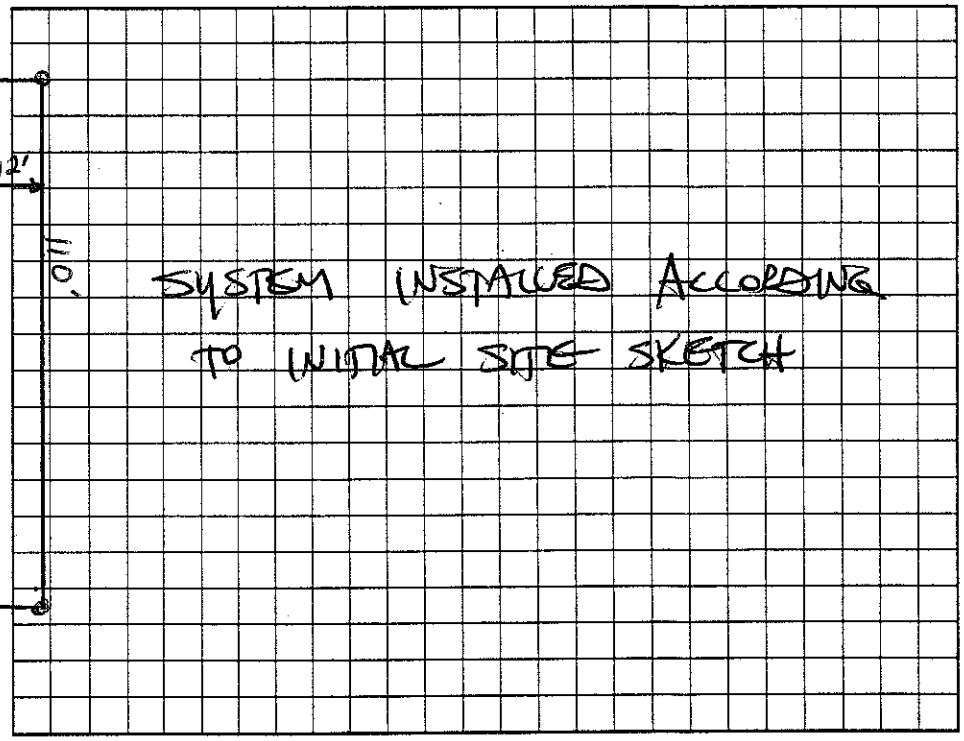
Comments:/Conditions: ① INSTALL LINES ON CONTOUR
② MAINTAIN SETBACKS

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

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: date 11/8/04 Installed by: CRAIG THOMPSON

Improvement Permit by: Christopher M. Shuler, PE date 10-22-04 Operation Permit by: STEVE HENDRICK date 11-17-04

Authorization to Construct by: Christopher M. Shuler, PE date 11-5-04 Existing System Inspection by: date

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