IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123958 PIN# 4850-00-~~6527~~ 5921 DATE 10-21-04

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 ON LT.

SUBDIVISION OLIN GLEN BLOCK / SECTION I LOT 12 LOT AREA .4591 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 6-27-04
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: LP PPBPS 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

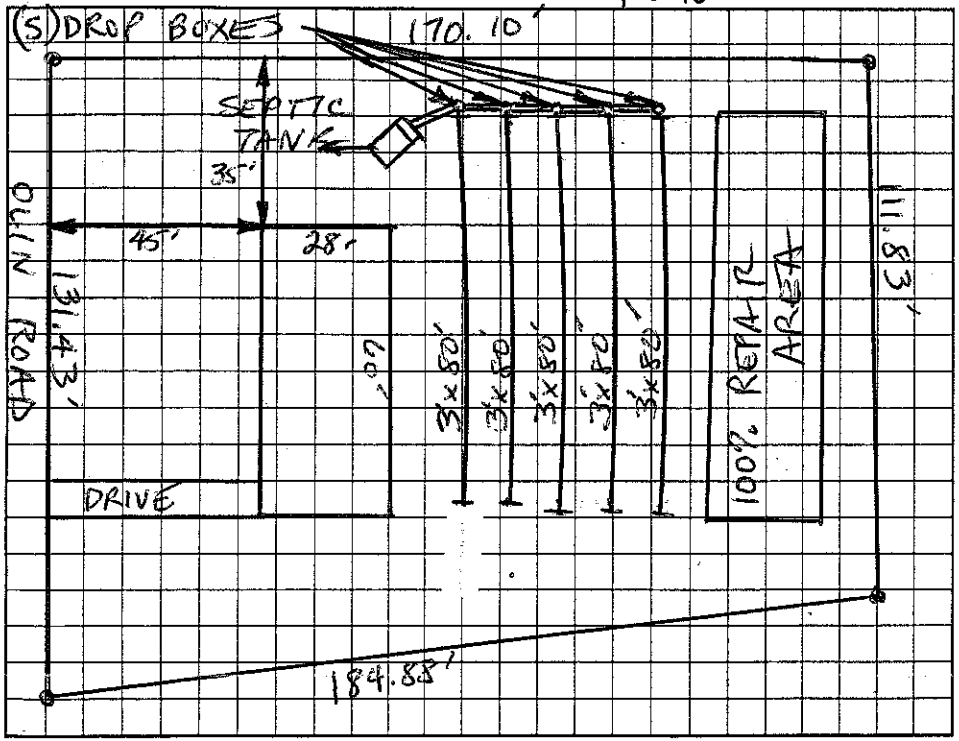
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: ① INSTALL ON CONTOUR ③ MAINTAIN SETBACKS

Comments/Conditions: TUFF-TITE FILTER W/ 6" RISER ON TANK

SYSTEM IS INFILTRATOR CHAMBERS

INITIAL SITE SKETCH 1"=40'



AS BUILT SKETCH

SYSTEM INSTALLED AS SHOWN

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 12/10/04 Installed by: CRAIG THOMPSON

Improvement Permit by: ____ date 10-21-04 Operation Permit by: ____ CS date 1-7-05

Authorization to Construct by: ____ CS date 12-10-04 Existing System Inspection by: ____ date ____

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