IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124654 PIN# 4860-39-7699 DATE 11/5/04

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

ADDRESS 1270 NORTHSIDE DRIVE STATESVILLE NC 28677

LOCATION US 21 N TL TABOR TL CANFIELD TL PRESCOTT 1ST LOT ON LEFT

SUBDIVISION HEATHSTEAD BLOCK / SECTION LOT 23 LOT AREA 0.80 ± SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 gpd/ft² EXIST

Septic Tank: 1000 EX Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 240

No Lines 8 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth 24" SAND

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

System Description: 50% REDUCTION GRAVITY

Repair System Description: 50% REDUCTION PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms No. Employees

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

Water Supply: ☐ Individual ☑ Public ☐ Community

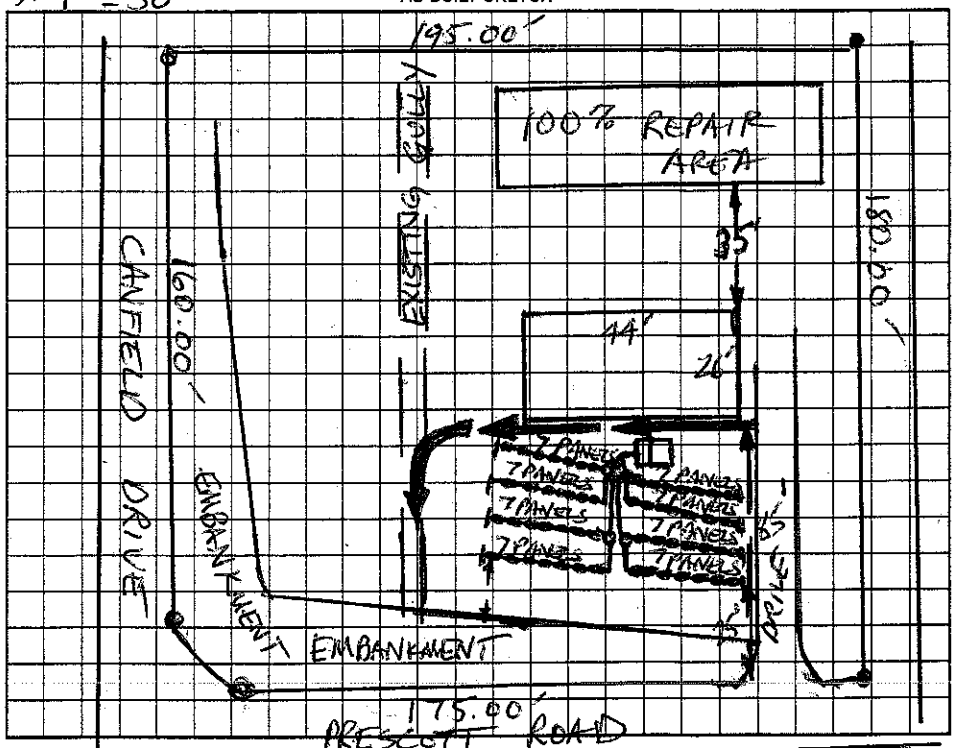
Comments:/Conditions:

Comments:/Conditions: ① SYSTEM FUNCTIONING PROPERLY ② PERMISSION TO CONNECT STRUCTURE TO EXISTING SYSTEM ③ STRUCTURE SHALL NOT INCREASE # OF BEDROOMS ON SYSTEM ④ VISUAL INSPECTION ONLY NO GUARANTEES PROBLEMS WON'T ARISE IN FUTURE.

INITIAL SITE SKETCH

AS BUILT SKETCH

*1" = 50'



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 11/5/04 Installed by: G & M ENTERPRISES

Improvement Permit by: date Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: CMS date 11-5-04

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