IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108645 PIN# 4863-30-7234 DATE 9-10-02

OWNER OR CONTRACTOR FLEETWOOD HOMES PHONE: Business 704-872-0179 Home

ADDRESS 1270 NORTHSIDE DRIVE, STATESVILLE, NC 28625

LOCATION I-77 N, TR NC901, TL CRATER RD, TR CARTWRIGHT RD, TL CHESHIRE RIDGE RD, 2ND LOT on (R) BEFORE END

SUBDIVISION CHESHIRE RIDGE BLOCK / SECTION II LOT 36 LOT AREA 1.39 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank EXISTING Gallons: STB ____ Date ____
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ. TO 400 Linear Feet 100
No Lines TWO Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I. II (III) IV. V
System Description: 25% REDUCTION, GRAVITY
Repair System Description: LOW PRESSURE PIPE
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2 No. Employees ____

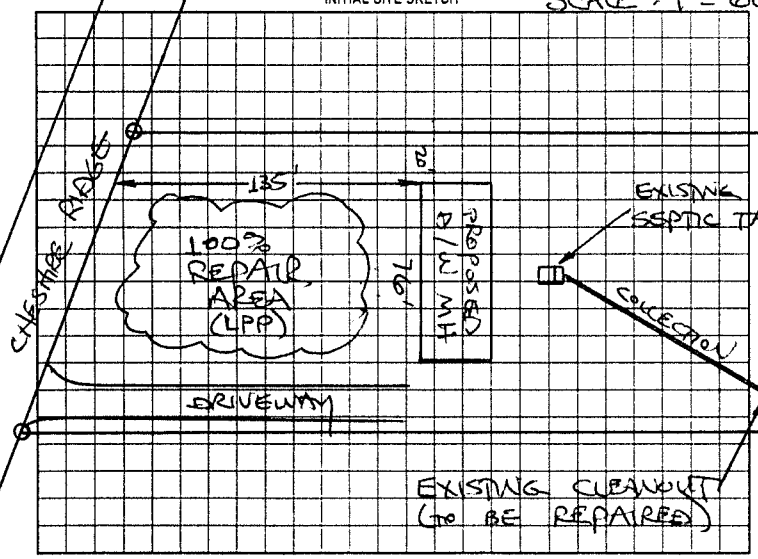
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

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

Comments/Conditions: ① REPAIR EXISTING CLEANOUT ② INSTALL TWO NEW LINES AT LOCATION SHOWN USING 25% REDUCTION SYSTEM (36 CHAMBERS)

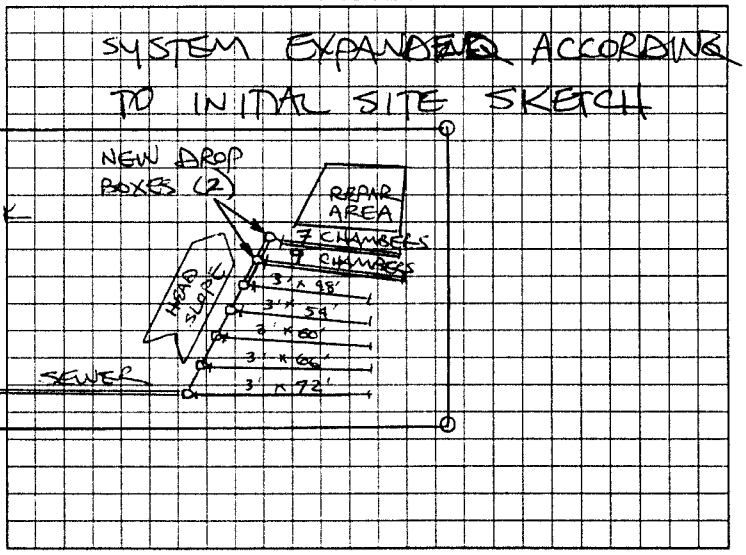
Comments/Conditions:

INITIAL SITE SKETCH SCALE: 1" = 60'



AS BUILT SKETCH

SYSTEM EXPANDED ACCORDING TO INITAL SITE 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 9/10/02 Installed by CRAIG THOMPSON

Improvement Permit by: STEVE HEDRICK date 9-10-02 Operation Permit by: STEVE HEDRICK date 9-25-02

Authorization to Construct by: STEVE HEDRICK date 9-10-02 Existing System Inspection by: ____ date ____

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