IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115478 PIN# 4872-00-3453.1 4454 DATE 10-7-03

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

ADDRESS 1270 NORTHSIDE DRIVE STATESVILLE, NC 28677

LOCATION 21 NORTH (C) HOUSTONVILLE (E) RABBIT HWY, (L) KIMMON RD ON RT BESIDE CHEVRON HOUSE ≈ 1 mile

SUBDIVISION BLOCK / SECTION LOT LOT AREA .653 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 4-14-03
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet EU×1700 Linear Feet 300'
No Lines 5 x 60' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: 6 DAW 25+0 REM
Repair System Description: LD DAVEL
Maintenance Agreement Required: ☐ Yes ☒ No

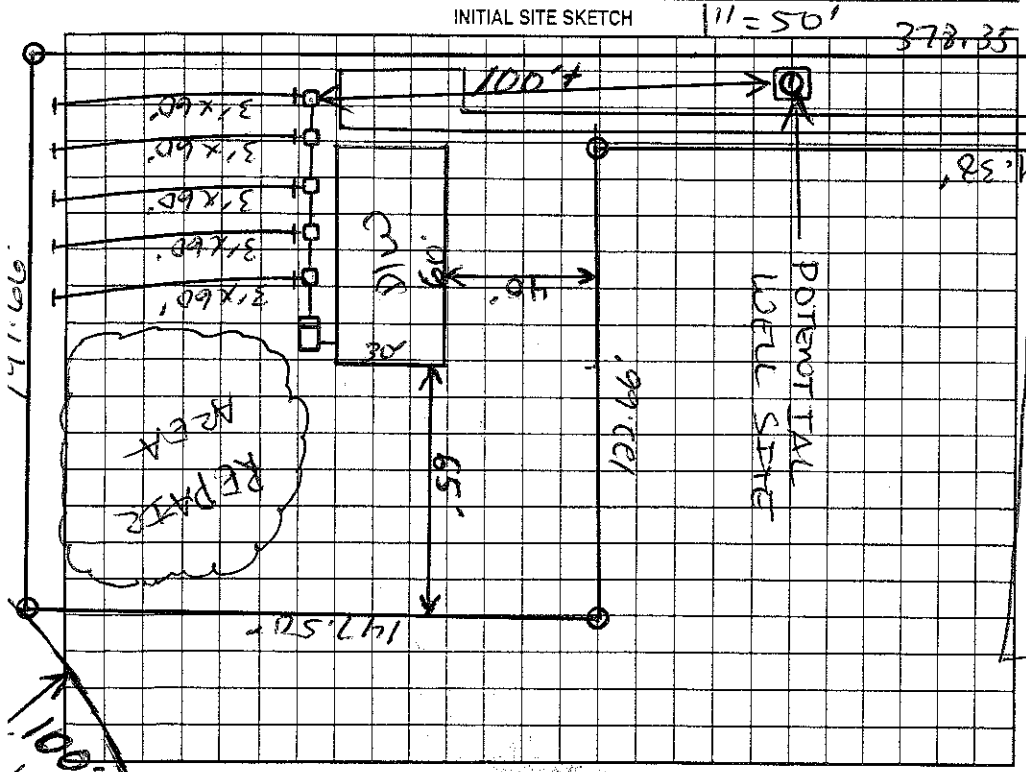
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

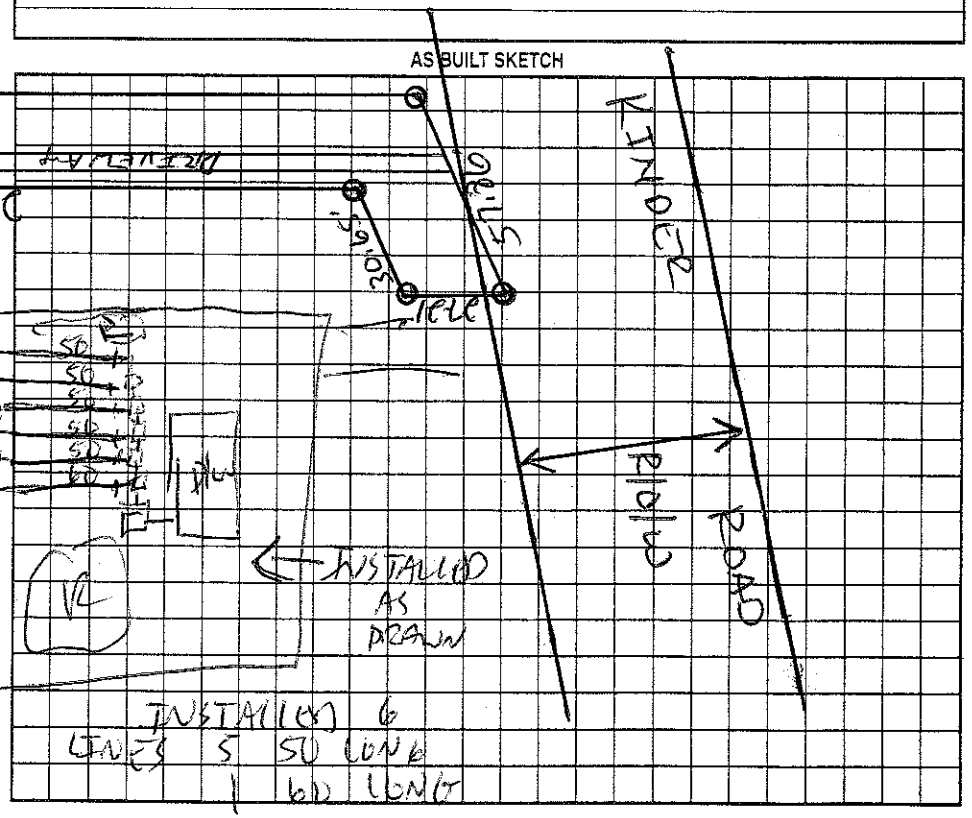
Comments:/Conditions: (1) KEEP WELL 100' FROM SYSTEM (2) INSTALL LINES ON CONTOURS (3) MAINTAIN SETBACKS (4) SYSTEM IS FLAGGED OUT COMPLETELY.

Comments:/Conditions: TURBIDITE FILTER + MARKER

INITIAL SITE SKETCH 1" = 50'



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 10/22/03 Installed by: CRAIG THOMPSON

Improvement Permit by: RS date 10-7-03 Operation Permit by: RS date 10-30-03

Authorization to Construct by: RS date 10-7-03 Existing System Inspection by: date

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