IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 7/16/02

PERMIT# 107527 PIN# 4873-99-5125.4

OWNER OR CONTRACTOR Fleetwood Homes of Statesville PHONE: Business (704) 872-0179 Home —

ADDRESS 1270 North Side Drive Statesville N.C. 28677

LOCATION Us 21 North cross Hunting Creek on Left before New Hope Baptist Church

SUBDIVISION Country Crown BLOCK / SECTION — LOT 4 LOT AREA .746 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. Or 40 gpd

Septic Tank: 1000 Gallons: STB 1012 Date 1-20-02

Pump Tank: — Gallons: PT — Date —

Pump Make: — Model — Serial No —

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Pump 25% Reduction

Maintenance Agreement Required: ☐ Yes X No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees —

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

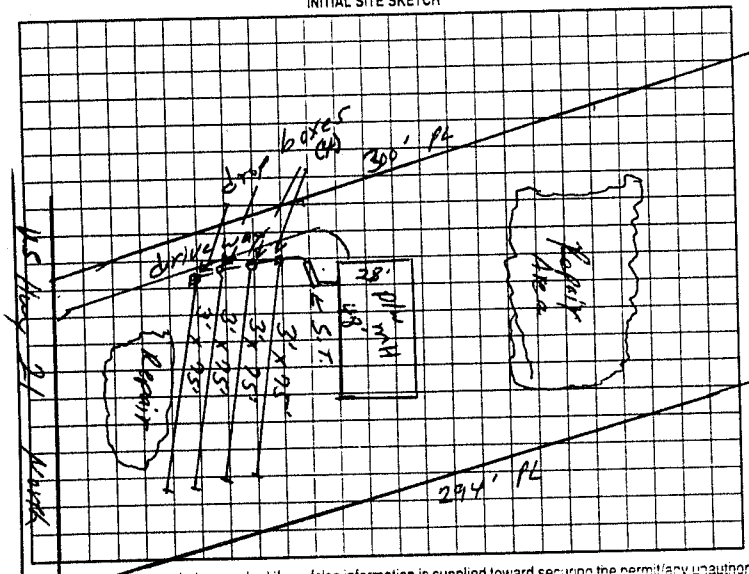
Water Supply: X Individual ☐ Public ☐ Community

Comments/Conditions: ① Keep septic System 100 ft From well

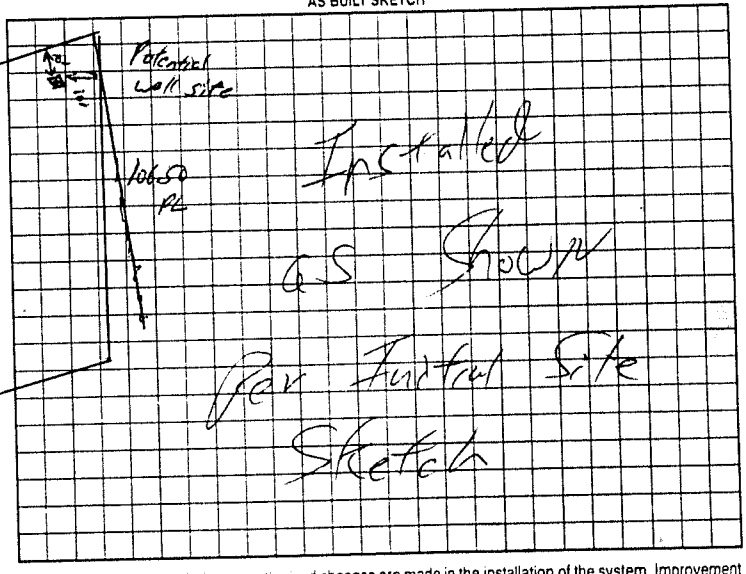
Comments/Conditions — poly lok filter ✓

Septic Tank marked Installed

INITIAL SITE SKETCH



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: [signature] date 7/18/02 Installed by Craig Fromfield date 8/23/02

Improvement Permit by: [signature] date 7/16/02 Operation Permit by: [signature] date 8/23/02

Authorization to Construct by: [signature] date 7/16/02 Existing System Inspection by: — date —

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