IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 110627 PIN# ~~4893-36-8884~~ 4893-36-8891 DATE 1-24-03

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

ADDRESS 1270 NORTHSIDE DRIVE, STATESVILLE, NC 28677

LOCATION US 21 NORTH, TR E. HOUSTONVILLE RD, TL SANDY SPRINGS RD, TR AMBERHILL RD, 0.3 MILE ON LEFT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 3.347 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 5-28-02
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

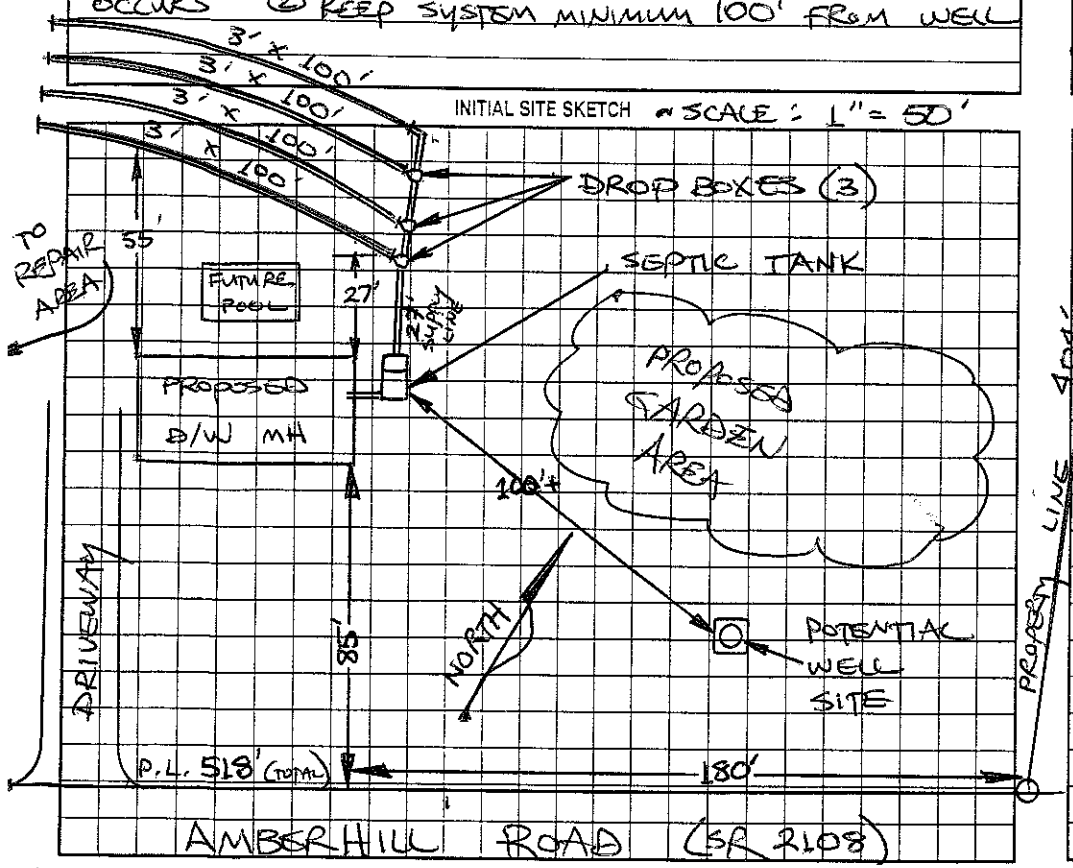
☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL, GRAVITY
Repair System Description: CONVENTIONAL, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

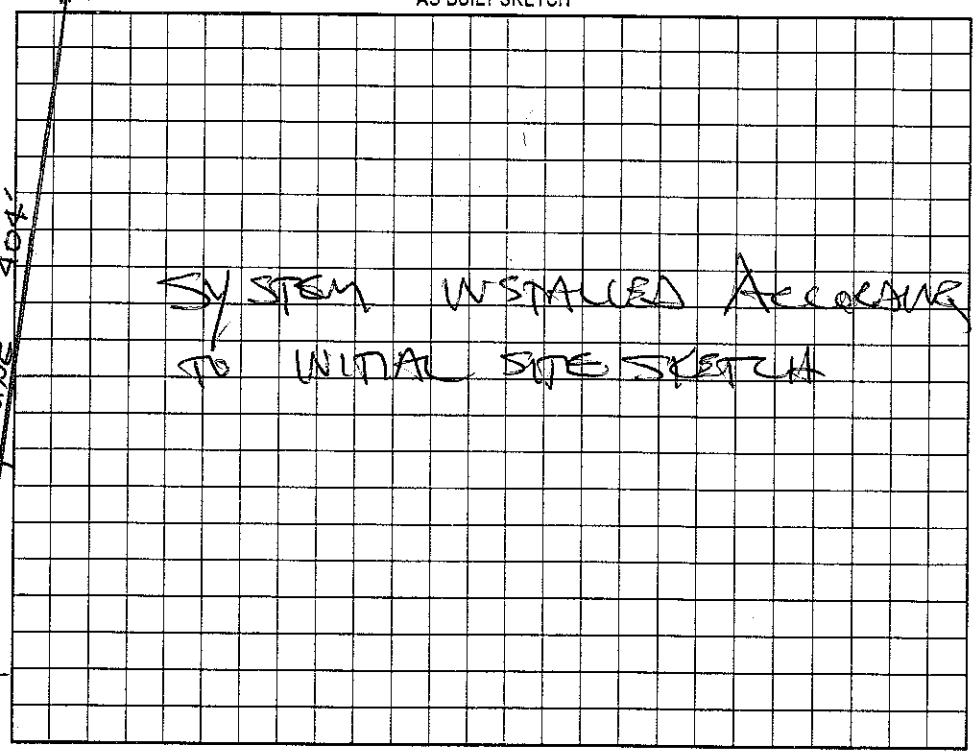
Comments:/Conditions: ① SCOUR TRENCH SIDEWALLS WHERE SMEARING OCCURS ② KEEP SYSTEM MINIMUM 100' FROM WELL

INITIAL SITE SKETCH ~ SCALE: 1" = 50'



Comments:/Conditions: ① SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER ② SYSTEM INSTALLED DURING PERIOD OF WET SOIL CONDITIONS

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 _____ Installed by: CRAIG THOMPSON

Improvement Permit by: STEVE HEDRICK date 1-24-03 Operation Permit by: STEVE HEDRICK date 1-31-03

Authorization to Construct by: STEVE HEDRICK date 1-24-03 Existing System Inspection by: _____ date _____

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