330-400

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# [redacted] 92204 PIN# [redacted] 3794611170 PT DATE 10/10/00

OWNER OR CONTRACTOR [redacted] [redacted] FLEETWOOD HOMES PHONE: Business [redacted] 528-7120 Home

ADDRESS 1040 CHARLOTTE HWY - TROUTMAN NC 28166

LOCATION ISLAND FORD - TL GOBLE - TL MARESTONE - TL 2ND ARBOR VOTE DR. ON RIGHT

SUBDIVISION FEATHERSTONE BLOCK / SECTION 3 LOT 42 LOT AREA .69 AC SITE CLASS CS DESIGN FLOW 450 GPD L.T.A.R. .3 gal/ft²

Septic Tank: 1000 Gallons; STB 312 Date 5/27/00
Pump Tank: 1000 Gallons; PT 288 Date 7/8/00
Pump Make: GOULDS Model WEQ311M Serial No. K004282
Nitrification Field: No Fields 1 Square Feet 533 Linear Feet 270
No Lines 6@45' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

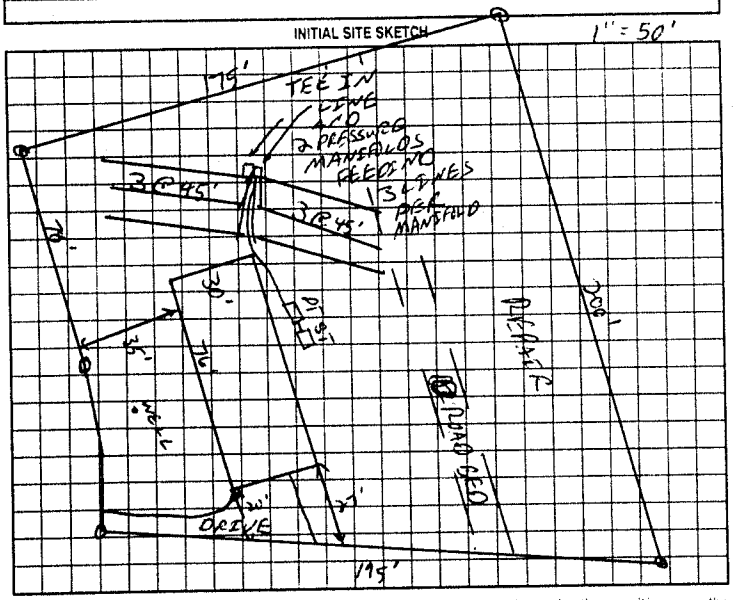
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions:

Comments/Conditions: CINDY & JANIS checked 10/13/00

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL 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: [redacted] date 10/10/00

Improvement Permit by: [redacted] date 10/10/00

Authorization to Construct by: [redacted] date 10/10/00

Installed by: CLARK THOMPSON

Operation Permit by: STEVE HERRICK date 10-30-00

Existing System Inspection by: _____ date _____

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