IREDELL COUNTY HEALTH DEPARTMENT

ST[illegible]LLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 094378 PIN# 4646084496 4646-08-5446 DATE 3-5-2001

OWNER OR CONTRACTOR Fleetwood Homes PHONE: Business (704) 528-7120 ~~Home~~ 622-9393

ADDRESS 1040 Charlotte Hwy Troutman, NC 27028

LOCATION Brawley School Rd TO Canvasback TL Regency TR Mill Pond TL Shalmar

SUBDIVISION Regency Lake BLOCK / SECTION B LOT 6&7 LOT AREA .72Acre SITE CLASS. BS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 10-19-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 5 at 80' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Gravity-Innovative
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

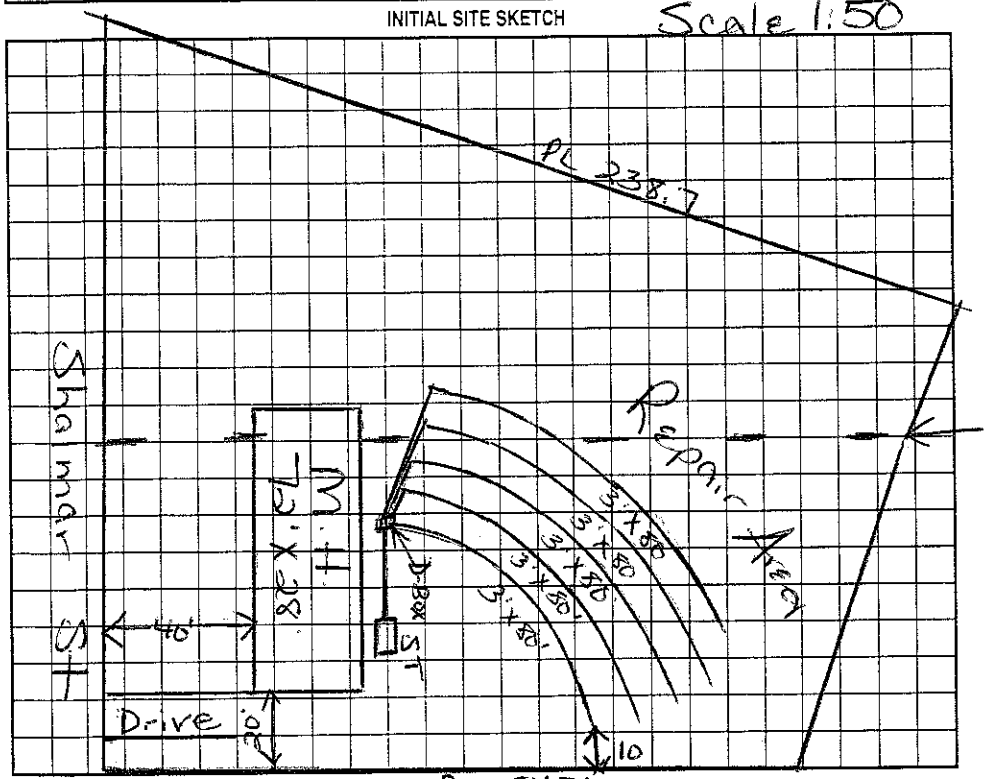
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

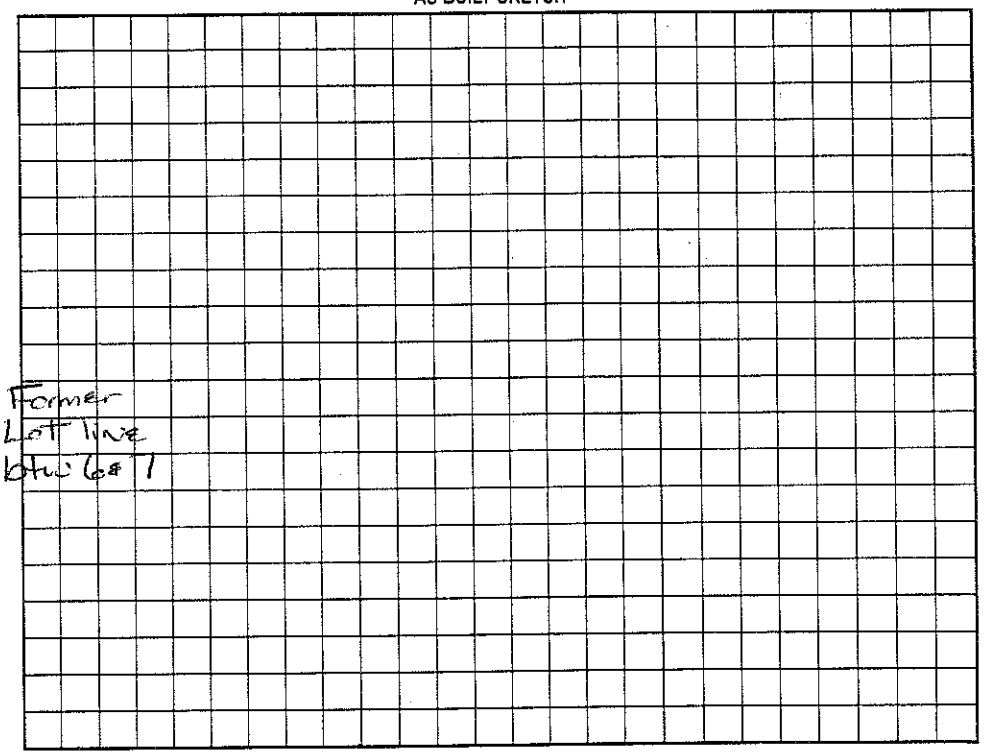
Comments:/Conditions: Okay to Do 4 at 100' instead.
Keep Septic System at least 10' From PL & 5' From MH

Comments:/Conditions: Poly lok filter installed
Checked tank & lines 1, 2 & 3 10/6/2001

INITIAL SITE SKETCH Scale 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: Renee M. [illegible] date 3/7/01 Installed by: Craig Thompson

Improvement Permit by: Maria H. Watson RS. date 3/6/2001 Operation Permit by: [illegible] RS date 4/9/01

Authorization to Construct by: Maria H. Watson RS. date 3/6/2001 Existing System Inspection by: _____ date _____

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