IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 152332 PIN# 4703-74-3805 DATE 10 September 08

OWNER OR APPLICANT CMH Homes Inc. PHONE: Business 704-528-7960 Home

ADDRESS 1124 Charlotte Hwy Troutman

LOCATION Hickory Ln TL Shady Rest TR Suzanne Ln - Lot on RT.

SUBDIVISION Shady Acres BLOCK / SECTION LOT 11 LOT AREA 1.23 AC. SITE CLASS. PS DESIGN FLOW 240 gpd L.T.A.R. 0.3 / 1,210

Septic Tank: 1000 Gallons: STB 750 Date 5-23-08

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 200

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

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 2 No. Persons No. Employees

Water Supply: ☑ Individual ☐ Public ☐ Community

☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Follow contours / Meet all setbacks

Comments:/Conditions: Filter installed

INITIAL SITE SKETCH

Please see Attached Layout plan.

AS BUILT SKETCH

Installed as Drawn on Site plan

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: Jimmy Dallas date 9-10-08

Improvement Permit by: R.S. date 10 Sept. 08

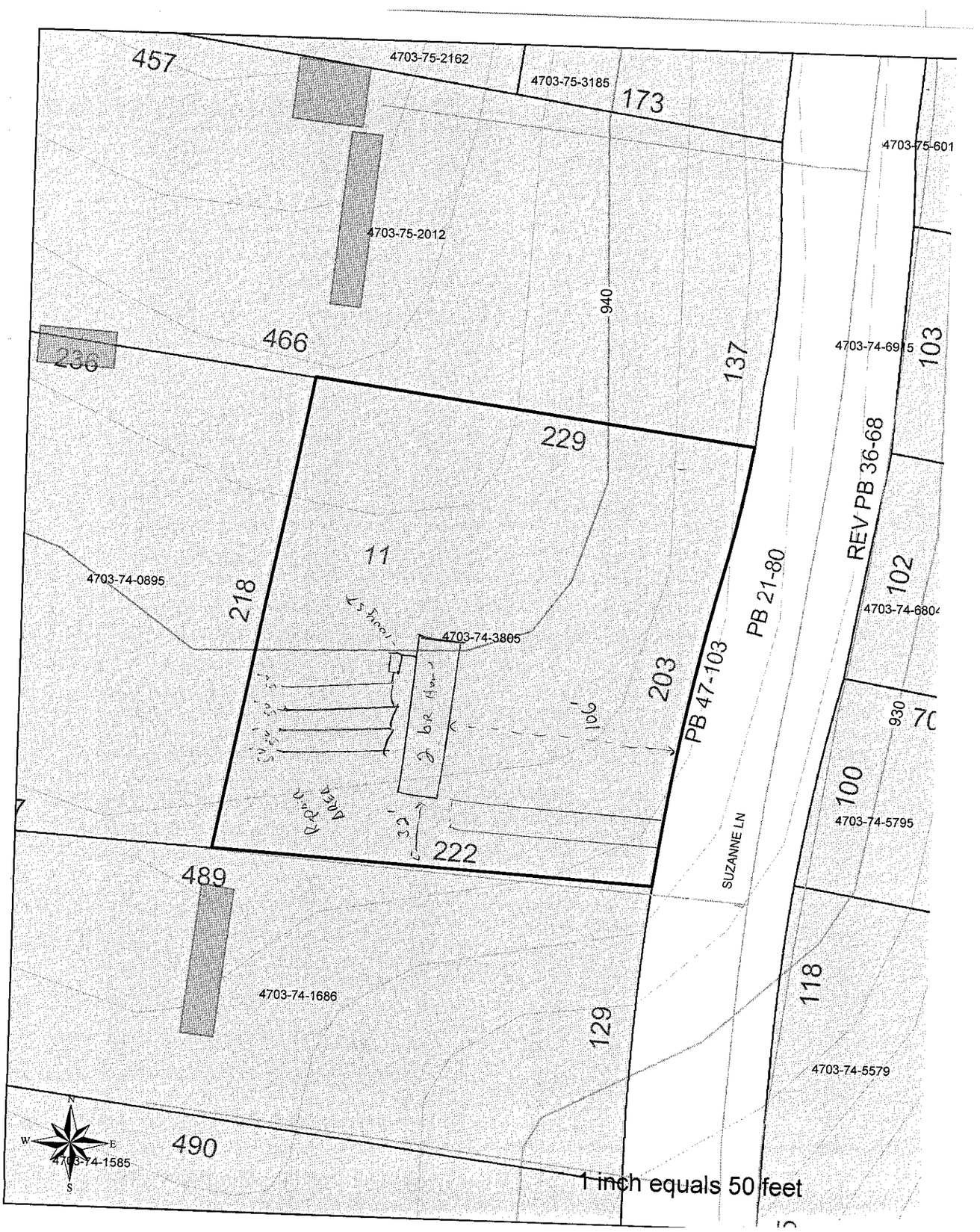
Authorization to Construct by: R.S. date 10 Sept 08

Installed by: A-1 Septic

Operation Permit by: R.S. date 15 September 08

Existing System Inspection by: date

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


457
4703-75-2162
4703-75-3185
173
4703-75-601
4703-75-2012
940
466
230
137
103
4703-74-6915
229
11
REV PB 36-68
PB 21-80
PB 47-103
4703-74-0895
218
4703-74-3805
203
102
4703-74-6804
930
100
4703-74-5795
SUZANNE LN
222
489
4703-74-1686
129
118
4703-74-5579
490
4703-74-1585
N
W
E
S
1 inch equals 50 feet