IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100569 PIN# 4717782368 DATE 6/12/01

OWNER OR CONTRACTOR Oakwood Homes PHONE: Business (704) 528-4516 Home —

ADDRESS 1042 Charlotte Hwy Troutman, NC 28166

LOCATION 115 N, @ Midway Rd, @ on Cove Gap Rd, on Left

SUBDIVISION — BLOCK / SECTION — LOT 1 LOT AREA 8.0 Ac SITE CLASS. 85 DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 4,000 Gallons: STB 794 Date 5-3-01
Pump Tank: — Gallons: PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1372 Linear Feet 457'
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 Conv.
Repair System Description: Gravity, 25% Red.
Maintenance Agreement Required: ☐ Yes X No

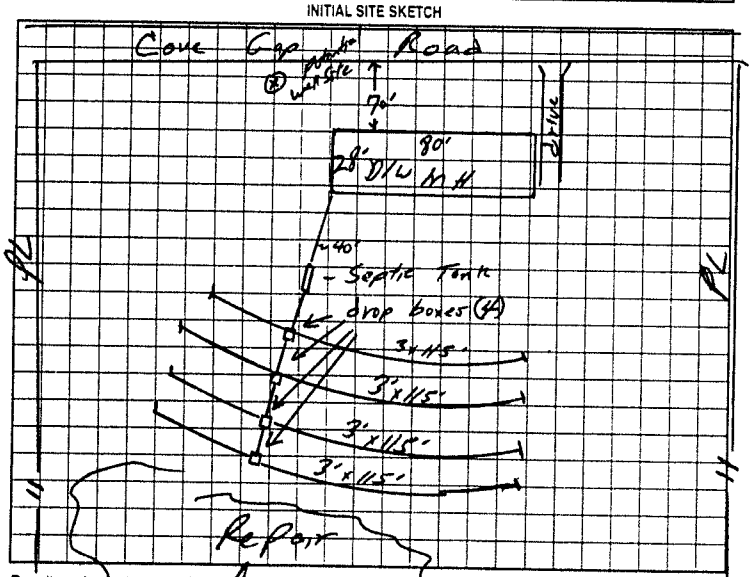
☐ House/Mod. Home No. Bedrooms 4
X Mobile Home No. Bathrooms 2
☐ Business No. Employees —
☐ Other —
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

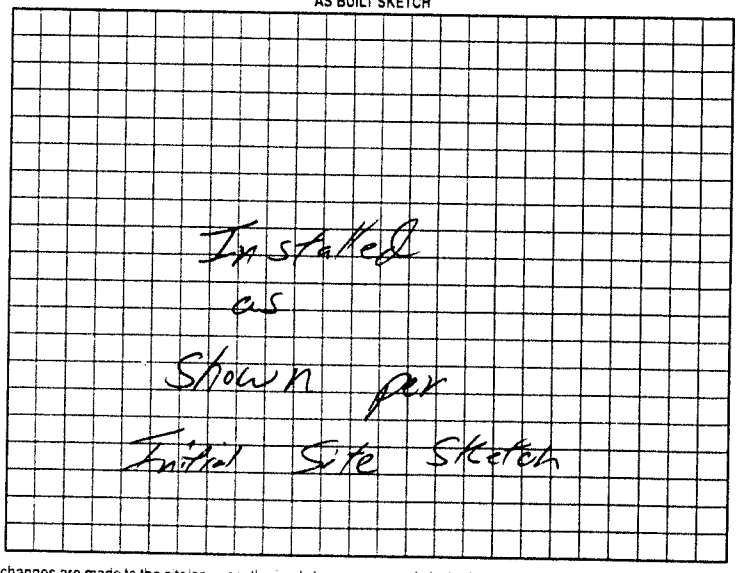
Comments/Conditions: ① Keep well 100ft from Septic System ② Install Lines on Contour ③ Do not Install when wet

Comments/Conditions: -Label filter installed -Septic [redacted] marker 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 6/20/01 Installed by: Marty Tucker

Improvement Permit by: William O. Johnson date 6/12/01 Operation Permit by: William O. Johnson date 6/19/01

Authorization to Construct by: William O. Johnson date 6/12/01 Existing System Inspection by: — date —

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