IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111130 PIN# 4723-89-2129 DATE 2/26/03

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

ADDRESS 1018 Charlotte Highway Troutman, N.C. 28166

LOCATION Buffalo Shoals Rd. (R) Airport Road, (R) Deerfield Lane, go to end bear right, on left before cul-de-sac.

SUBDIVISION Deerfield Estates BLOCK / SECTION — LOT 20 / LOT AREA 2.66 Ac. SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: 1,000 Gallons; STB — Date —

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 3 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

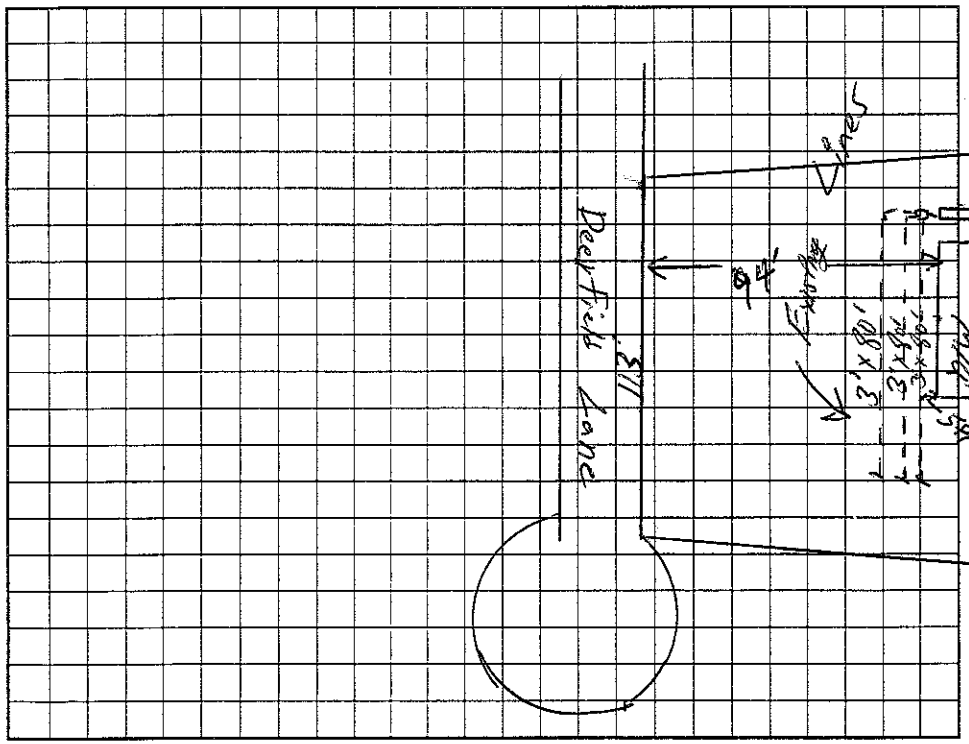
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

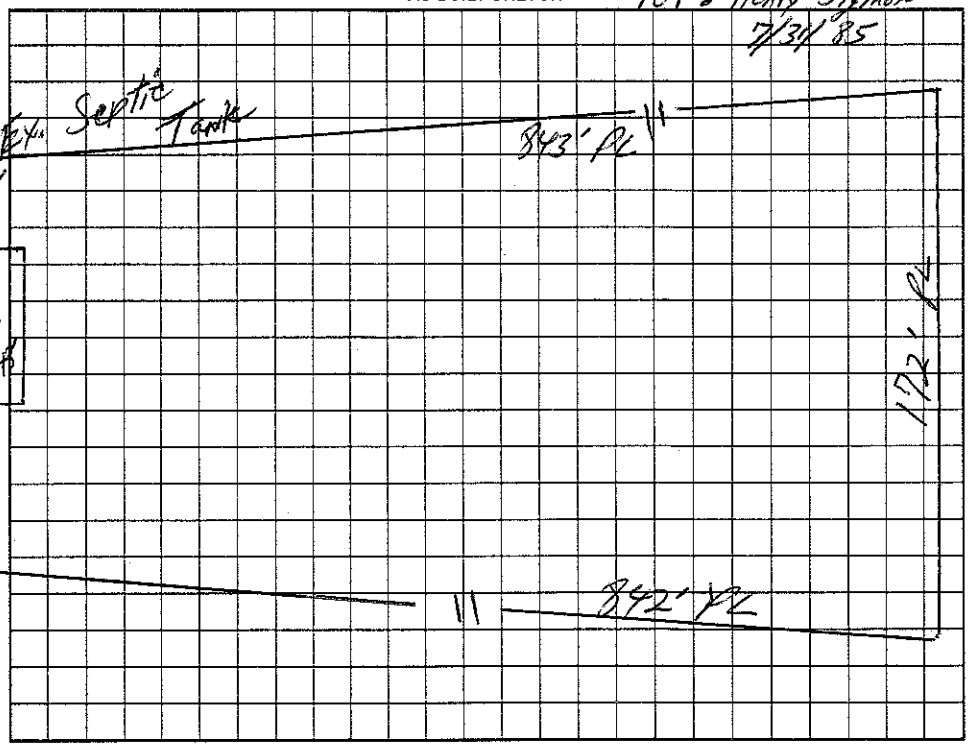
Comments:/Conditions:

Comments:/Conditions: ① Existing System Okay at time of Inspection no MH on lot at this time. ② Keep bldg. foundation 5ft from Septic tank + septic lines.

INITIAL SITE SKETCH



AS BUILT SKETCH Ref: Henry Simon 7/31/85



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: Janice R. Graham date 3/3/03

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Allen O. Johnson date 2/26/03

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