File/Permit #: OSWP-2024-57489

BCW

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

EXISTING SYSTEM APPROVAL

Issued by: ☒ Local Health Department ☐ AOWE ☐ Certified Inspector

☒ Existing System Approval
- ☒ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase
- ☒ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☐ Construction Authorization/Notice of Intent to Construct

[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]
[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]

Applicant: Freedom Homes
Mailing Address: 1124 Charlotte Hwy
City: Troutman
State: NC Zip: 28166
Phone #: 704-881-2826
Email:

Owner:
Mailing Address:
City:
State: Zip:
Phone #:
Email:

PIN/Lot Identifier: 4752516417
Property Location/Address: 110 Flintlock Ln Statesville, NC 28677 (No Sub)

Facility Type: ☐ House/Modular ☒ Mobile/Manufactured Home ☐ Business ☐ Other:

Operation Permit/ATO #: OSWP2024-57489 Design Daily Flow: 360 GPD
Number of Bedrooms: 3 Max # Occupants: 6 Other:
Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Water Supply: ☐ Private well ☐ Public well ☒ Shared well ☐ Municipal Supply ☐ Spring ☐ Other:

Proposed Property Improvement: Place new mobile home on-site

All of the following must be checked for approval:

***For Reconnections:**
- ☒ Site complies with its Operation Permit or the wastewater system was in use prior to July 1, 1977
- ☒ No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- ☒ DDF and wastewater strength for the proposed facility do not exceed that of the existing system
- ☒ Facility meets the setbacks in Section .0600 of 15A NCAC 18E
- ☒ Existing system is being operated and maintained in accordance with Section .1300 of 15A NCAC 18E and permit conditions.

***For Site Modifications or Footprint Expansions:**
- ☐ Proposed structure meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: Keep mobile home 5ft from septic.

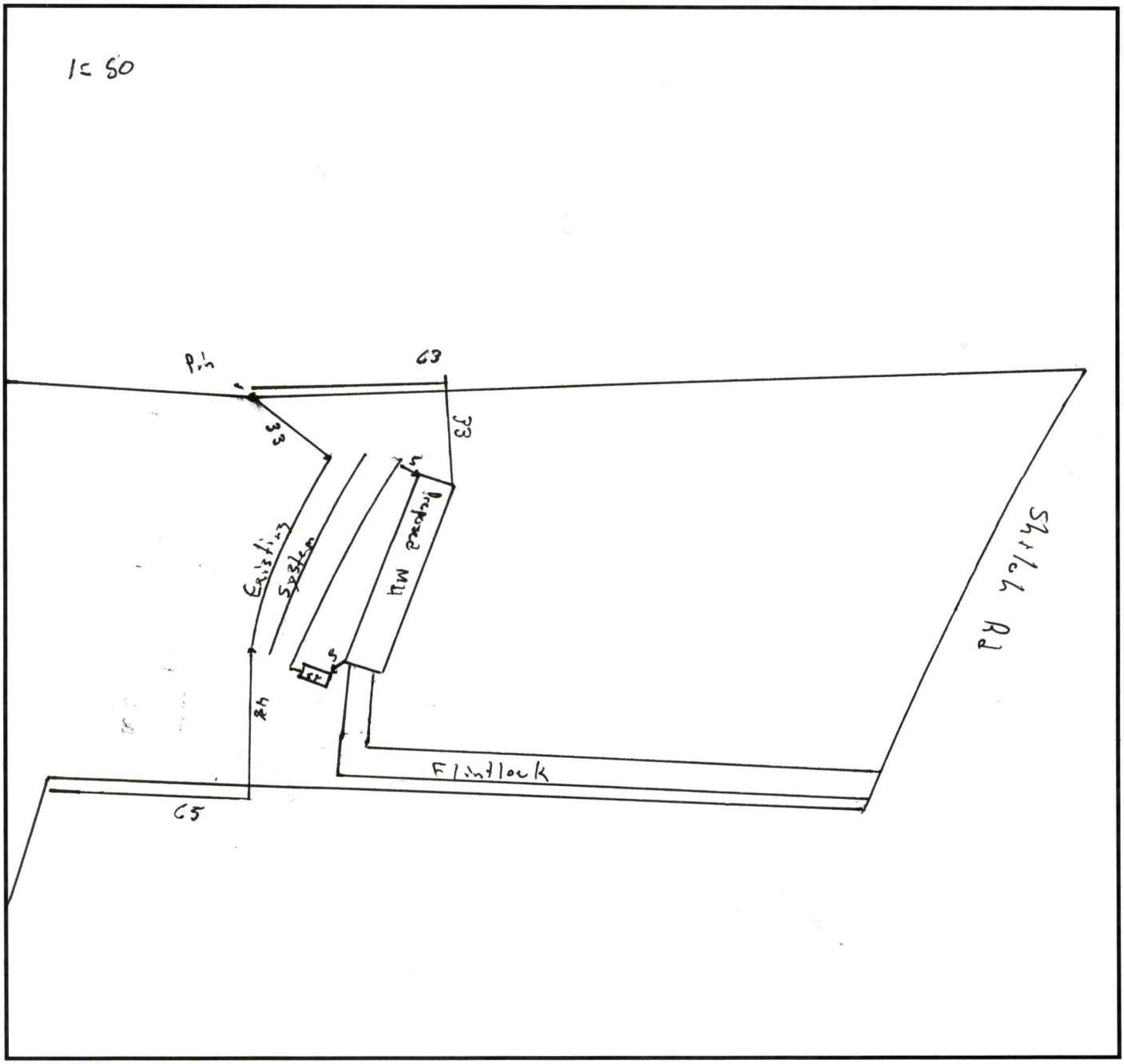
Inspector's Printed Name: Matthew Wilkinson
Inspector Certification #: 3061
Inspector's Signature: Matthew Wilkinson
Date: 6/18/24

See attached site sketch

EXISTING SYSTEM APPROVAL
SITE SKETCH

Operation Permit/ATO #: OSWP 2024-57489 PIN/Lot Identifier: 4752516417

Owner: Freedom Homes Property Location/Address: 110 Flintlock Ln



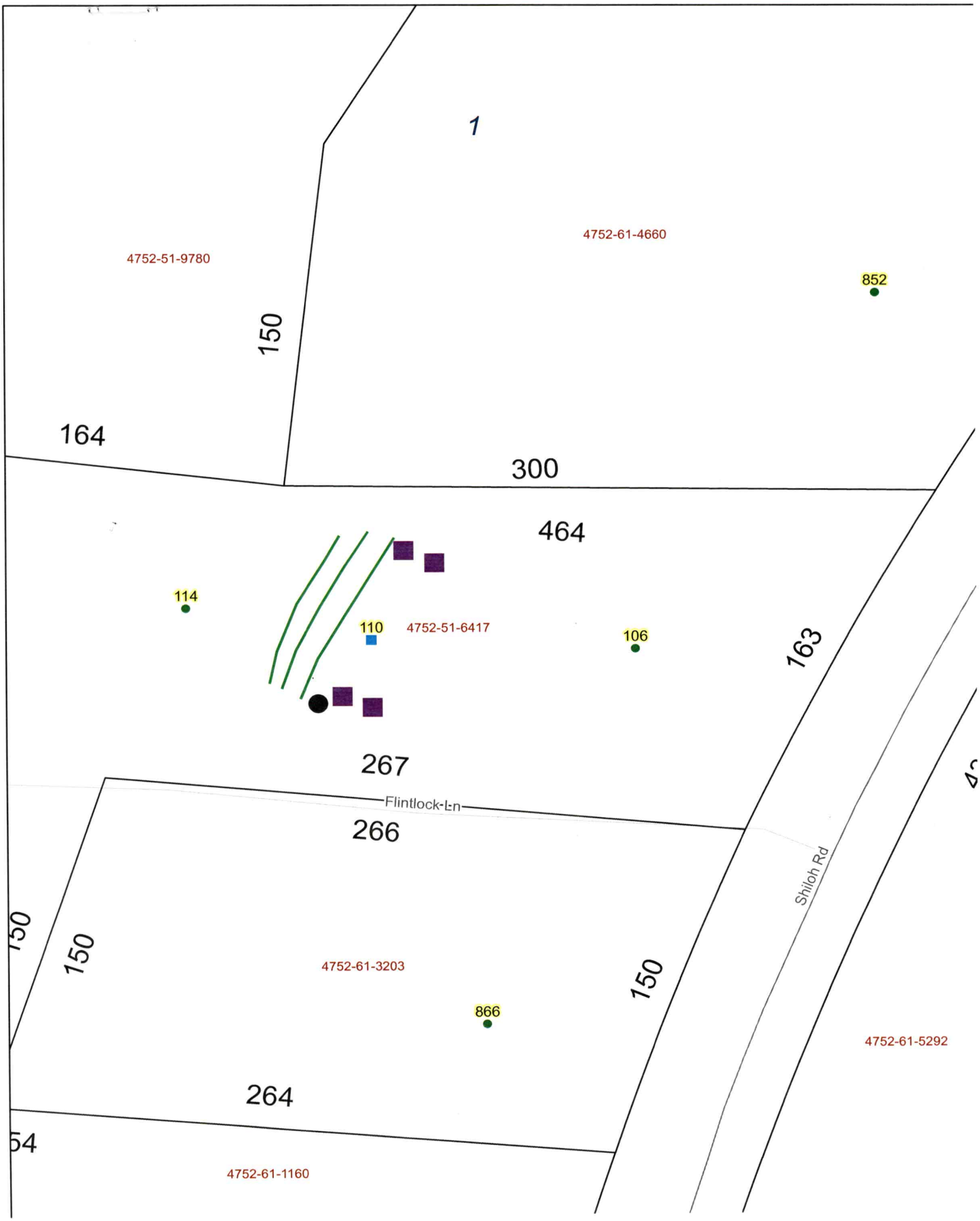
Include the existing and proposed structures and applicable setbacks.

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704-878-5300

Mooresville Site
610 E. Center Avenue
Mooresville, NC 28115
704-664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704-878-5305 x3456

www.co.iredell.nc.us/161/Health-Department


1
4752-61-4660
4752-51-9780
852
150
164
300
464
114
110
4752-51-6417
106
163
267
Flintlock Ln
266
Shiloh Rd
150
150
4752-61-3203
150
866
4752-61-5292
264
4752-61-1160

PERMIT SNAPSHOT REPORT OSWP-2024-57989 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	07/19/2024
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Wilkinson, Matthew	**Approval Expire Date:**	

Description: WE ARE INSTALLING A NEW 14X66 SINGLEWIDE MOBILE HOME INTO A MOBILE HOME PARK, I EXISTING SEPTIC SYSTEM AND COUNTY WATER

Parcel: 4752516417.000 Main	**Address:** 110 Flintlock Ln Statesville, NC 28677 Main	**Zone:** RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent	Applicant/Authorized Agent
David Millsaps	FREEDOM HOMES #667	FREEDOM HOMES OF TROUTMAN(MOD BOND)
Home: (704) 929-9904	FREEDOM HOMES-TROUTMA #667- USE THIS ONE	Home: (704) 528-7960
Business: (704) 902-9527	FREEDOM	Business: (704) 528-7960
Mobile: (704) 929-9904	1124 CHARLOTTE HWY	
	TROUTMAN, NC 28166	
	Business: (704) 881-2326	

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Existing System Inspection	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	14x66 single wide mobile home with front 6x6 deck and back 8x10 deck
What are the proposed structures	New Single-Family Residence - Mobile Home	Type of New Single-Family Residence	Mobile Home	Maximum Number of Bedrooms	3
If other Addition/Structure, please explain		Number of Occupants	2	Foundation Type	Crawl Space Foundation
Residential/Business/Other	Residential	Water Supply	Other Public Water	Desired Septic System Type	Other
If other septic system type, please explain		Pump Make		# of Nitrification Fields	
Model		Serial #		System Description	
Repair System Description		Comments/Conditions		Permit type(s)	Authorization to Construct
Has this project been approved by TRC	No	Lot Acreage	10.05	Front Setback	25
Back Setback	25	Left Setback	25	Right Setback	25
Is the structure or development in the floodplain	No	Is the property in a local historic district?	No	Is the property located downtown?	No
Zoning Notes/Addendums	REQUIREMENTS FOR AL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within		12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy		can be approved. Must be 15 feet from private street. Mut be 20 feet from other mobile homes.

PERMIT SNAPSHOT REPORT (OSWP-2024-57989)

Additional Unique Setbacks Apply	Yes	Watershed	NOT IN A WATERSHED

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_FREEDOM_HOMES-TROUTIAN_7/19/2024.jpg	07/19/2024 10:13	Kimberly Frye, Freedom Homes		Uploaded via CSS
campbell auth to act_v1.pdf	07/19/2024 16:56	Kimberly Frye, Freedom Homes	Available Online	
CAMPBELL FLOOR PLAN_v1.pdf	07/19/2024 16:56	Kimberly Frye, Freedom Homes	Available Online	

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2024-235782	Requested	OSWP Septic/Well Preliminary Site Visit	08/01/2024	08/02/2024 0:00	08/02/2024 0:00		

Inspectors: Botkins, Ben (Primary)

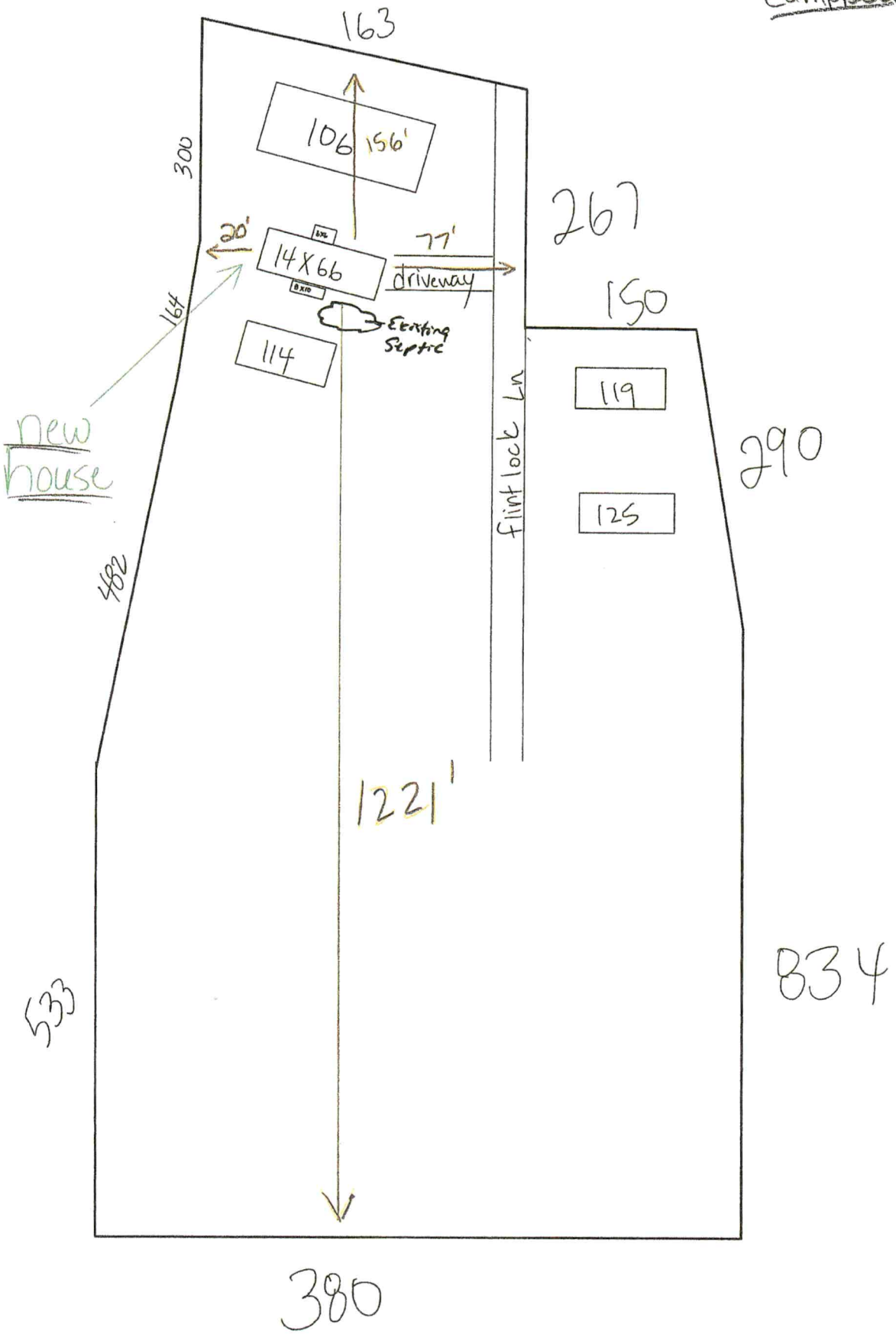
Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Note	Created By	Date and Time Created
1. Monica is marking property corners and then calling me when it's ready.	Peter Mravetz	07/30/2024 12:06

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00033803	Iredell Zoning Tech Fee	$2.25	$2.25
	Iredell Zoning Permit Fee	$75.00	$75.00
	Existing System Inspection	$250.00	$250.00
	Total for Invoice INV-00033803	$327.25	$327.25
	Grand Total for Permit	**$327.25**	**$327.25**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		07/19/2024 16:57	07/19/2024 16:57
Confirm application complete v.1	Generic Action		07/19/2024 16:57
Zoning Review v.1		07/23/2024 8:10	07/29/2024 13:32
~~Floodplain Admin Overview v.1~~	Task		07/22/2024 16:09
Iredell County Zoning Approval v.1	Task	07/23/2024 8:10	07/29/2024 13:32
Issue Invoice v.1	Generic Action		07/23/2024 8:12
Fees Paid v.1	Generic Action		07/26/2024 8:21
Fees v.1		07/23/2024 8:12	07/26/2024 8:21
Fees Paid v.1	Generic Action		07/26/2024 8:21
Issue Invoice v.1	Generic Action		07/23/2024 8:12
Lot Readiness Verification v.1		08/01/2024 8:02	
OSWP Septic Preliminary Site Visit v.1	Inspection	08/01/2024 8:02	08/01/2024 8:02
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		

Campbell


163
106
156'
300
267
20'
6X6
14X66
8X10
77'
driveway
150
164
Existing Septic
114
119
New house
Flintlock Ln
290
125
482
1221'
533
834
380

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Frank milsaps DATE 12-18-87 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 70 E TR on Shiloh Ch. Rd before end on Rt

S. R. No. ____

SUBDIVISION NAME milsaps MHP LOT NO. 1 SECTION OR BLOCK NO. ____

House ( ) Mobile Home (✓) Business ( ) Other ____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clay loam

Percolation Rate 15

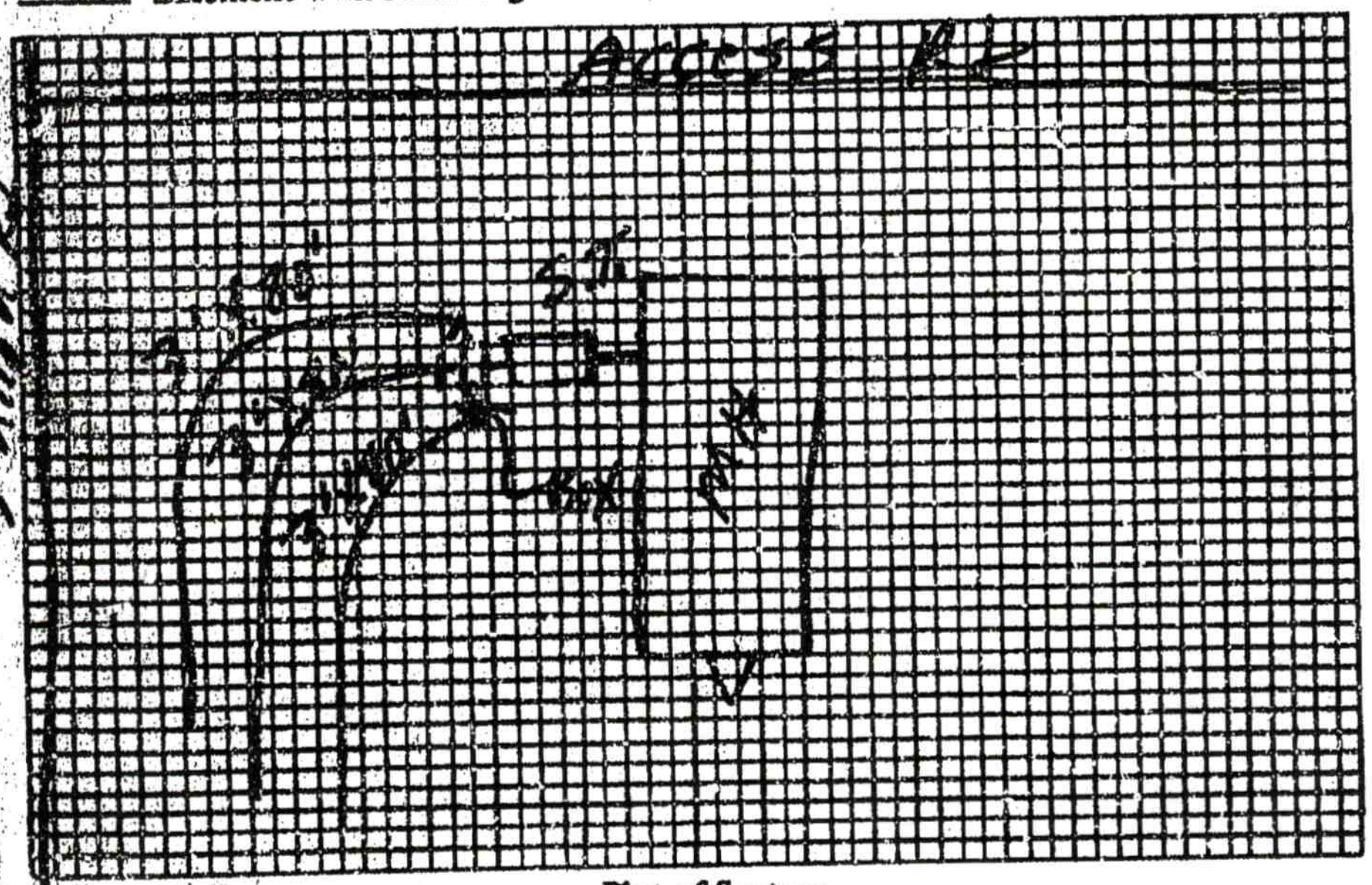
Topography 2 to 6 %

Depth to Water Table 10'+

Rock or other impervious formations none

Lot Area 20,000 SF

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Wayne Potts

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: ____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: ____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 12-18-87

EXISTING SYSTEM CHECKED BY: ____ DATE ____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Frank Milsap DATE 12-18-87 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 70 E TR on Shiloh Ch Rd before end on Rt. S. R. No. ______

SUBDIVISION NAME Milsaps MHP LOT NO. 2 SECTION OR BLOCK NO. ______

House ( ) Mobile Home (✓) Business ( ) Other ______

No. Bedrooms 3 No. Bathrooms 2

	Yes	No
Garbage Disposal Unit	( )	(✓)
Auto. Dishwasher	( )	(✓)
Auto. Wash. Machine	(✓)	( )
Site Suitable	(✓)	( )

Character & Porosity of Soil Clay loam

Percolation Rate .5 gal/sq'/day

Topography 2 to 6% [illegible]

Depth to Water Table 10'+

Rock or other impervious formations None

Lot Area 20,000 sq'

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement

Size of Tank 1000 Gals.

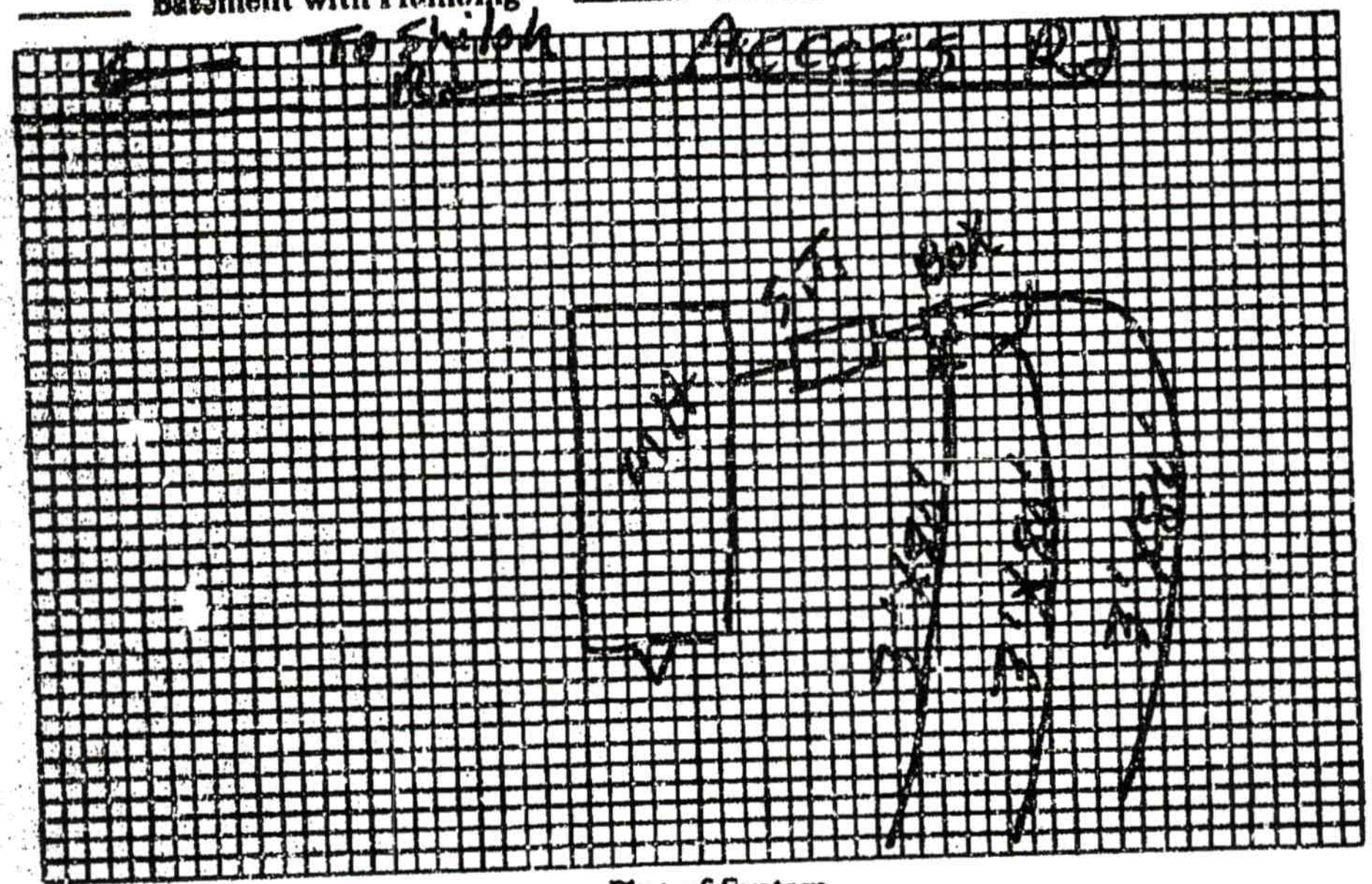
Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Public ( )



Plot of System

Installed by Wayne Potts

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: ______

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: ______

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 12-18-8[illegible]

EXISTING SYSTEM CHECKED BY: ______ DATE ______

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Frank D. milsaps DATE 10-19-88 PERMIT NO. D-15

PHONE: Business _____ Home _____

LOCATION 70 E TR on Shiloh Ch. Rd. before end on Rt. S. R. No. _____

SUBDIVISION NAME milsaps MHP LOT NO. 3 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes ( )	No (✓)
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Character & Porosity of Soil Clay loam
Percolation Rate 15
Topography Level to Rolling
Depth to Water Table 10'+
Rock or other impervious formations none

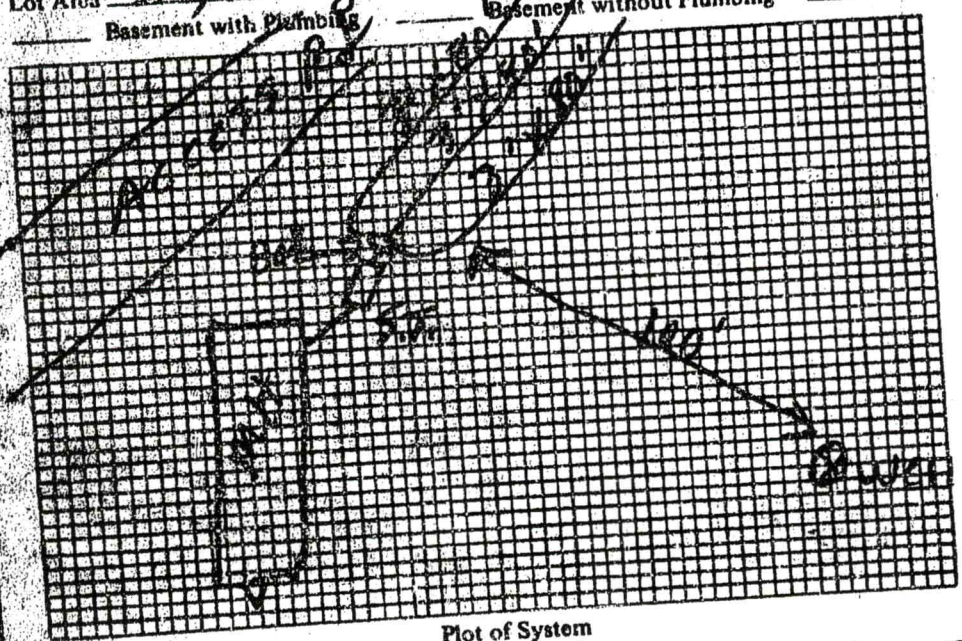
Lot Area 20,000 SF

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by Wayne Potts

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 10-19-88

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

9132

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Frank D. Milsaps DATE 10-19-88 PERMIT NO. D-15

PHONE: Business _____ Home _____

LOCATION 70 E TR on Shiloh ch Rd at end on Rt. S. R. No. _____

SUBDIVISION NAME milsaps MHP LOT NO. 5 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

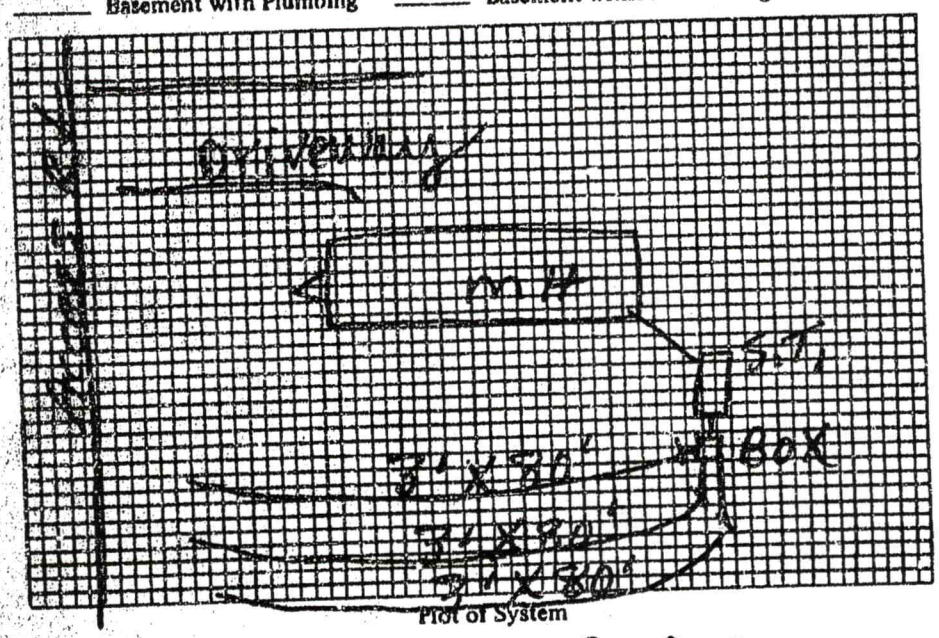
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes ( )	No (✓)
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Character & Porosity of Soil clay loam
Percolation Rate 15
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area 20,000 SF

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Wayne Potts

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 10-19-88

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Frank D. Milsaps DATE 10-19-88 PERMIT NO. D-15

PHONE: Business _____ Home _____

LOCATION 70E TR on Shiloh ch Rd before end on Rt. S. R. No. _____

SUBDIVISION NAME milsaps MHP LOT NO. 4 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

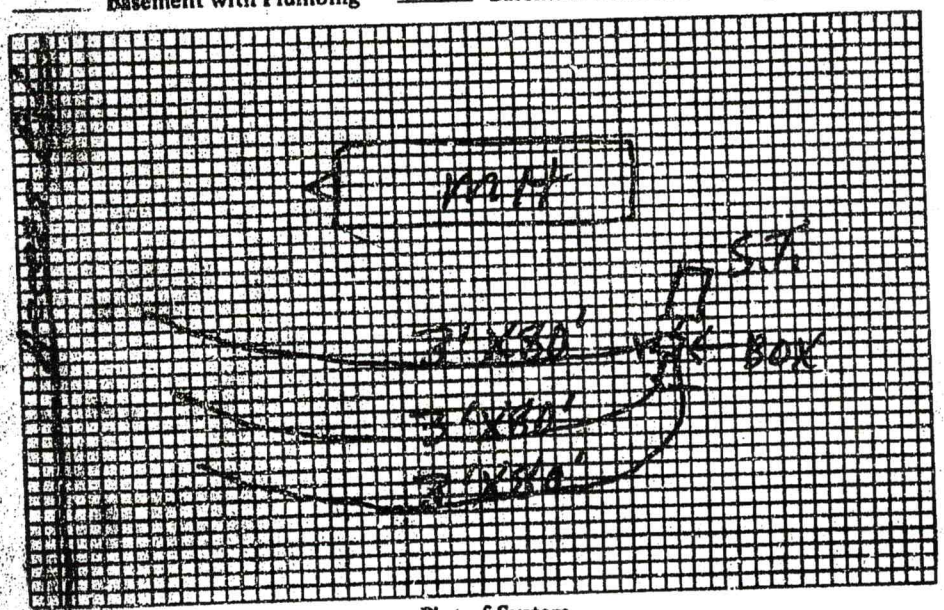
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clay loam
Percolation Rate 5
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area 20,000 SF

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Wayne Potts

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY F. C. moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY F. C. moore DATE 10-19-88

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 (21)

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

PERMIT# 19315 PIN# 4752-51-6417 DATE 6-2-04

OWNER OR CONTRACTOR DAVID MILLSAPS PHONE: Business 704-873-1331 Home 704-902-4532

ADDRESS 1124 RADIO ROAD STATESVILLE, NC 28677

LOCATION US 70 EAST, TR SMITH ROAD, TR FLINTLOCK LANE, 2ND MH LOT ON LEFT

SUBDIVISION FLINTLOCK MHP BLOCK / SECTION ____ LOT 5 LOT AREA 10.5 ACRES SITE CLASS. PS' DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet EXISTING

No Lines ____ Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: CONVENTIONAL, GRAVITY

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

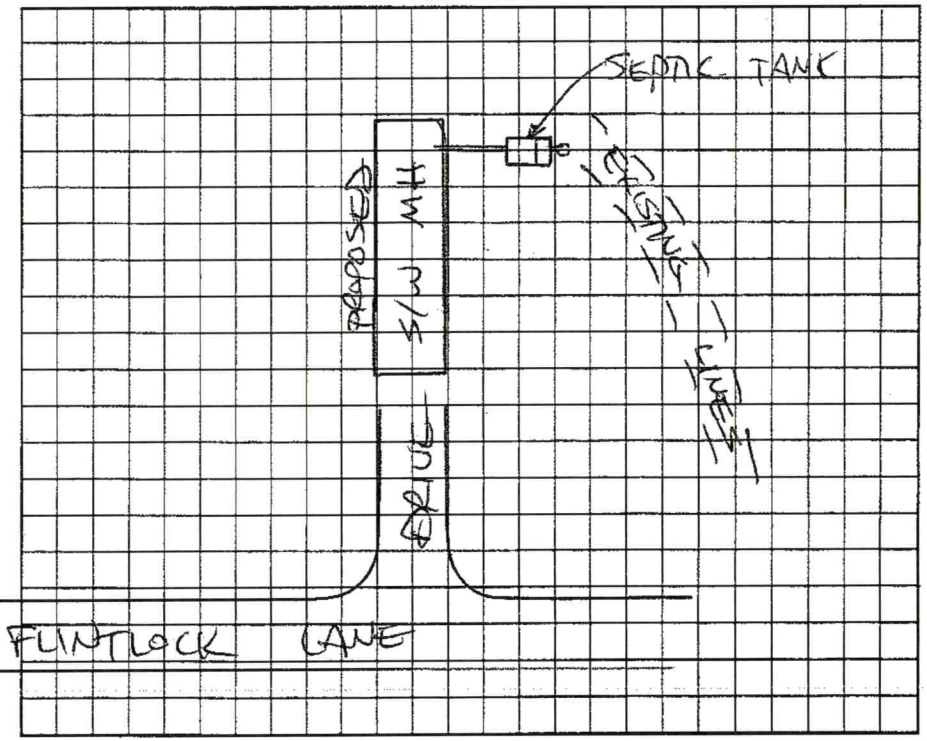
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

Comments:/Conditions: SYSTEM APPEARS TO BE UNDERSIZED ACCORDING TO TODAY'S STANDARDS.

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: ____ date ____

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: STEVE HEDRICK date 6-2-04

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~EH42~~ 135866 PIN# ~~4752516417~~ 4752516417 DATE 7-21-05

OWNER OR CONTRACTOR ~~Robert~~ DAVID Miltgers PHONE: Business 704-872-1568 Home

ADDRESS 1124 Radio RD Statesville NC 28625

LOCATION Amity Hill RD (L) Shiloh RD (R) Flintlock ~~3rd~~ 1st lot on Right

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet 1740 Linear Feet 240

No Lines 3 Trench Width 36 Max Trench Bottom Depth 24 Gravel Depth 12

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

System Description: Convent. Gravity

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:

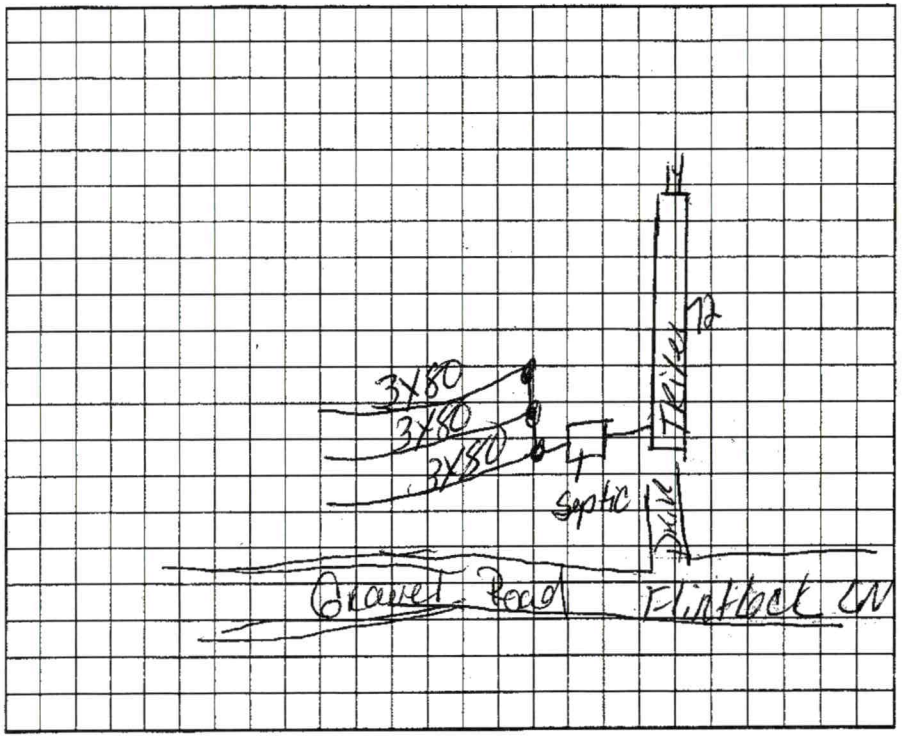
INITIAL SITE SKETCH

Comments:/Conditions:

all lines dry

1 year since used

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: date

Improvement Permit by: date

Authorization to Construct by: date

Installed by:

Operation Permit by: date

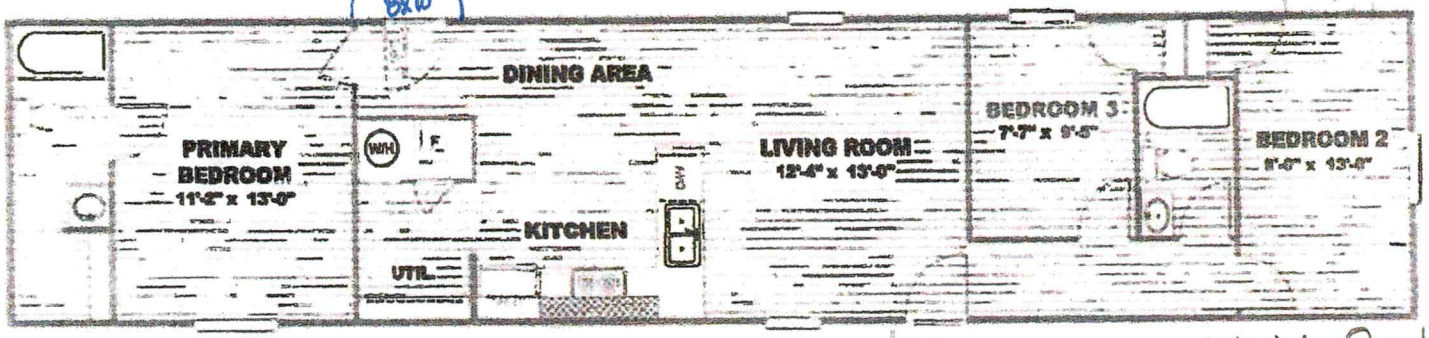
Existing System Inspection by: Keith Cook date 7-21-05

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

TRU

ELATION

TRS14663A // 3 beds // 2 baths // 902 sq. ft. // 14x66



14X66 Singlewide
3 Bedroom
Kirkby Fay 7-9-24

OWN IT

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