IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (4) MOORESVILLE 704-664-5281

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

(5)

PERMIT# 116396 PIN# 4758-20-2002 DATE 10-20-02

OWNER OR CONTRACTOR FLEETWOOD HOMES of TROUTMAN PHONE: Business 704-528-7120 Home 704-528-7128

ADDRESS 1040 CHARLOTTE HWY, TROUTMAN, NC 28166

LOCATION US 21 NORTH, TL JENNINGS RD, TR BLACKWELDER RD, 1.5 MILE ON RIGHT, 500' FEET BACK

SUBDIVISION BASS BLOCK / SECTION ____ LOT ____ LOT AREA 2.0 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 5-17-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 640
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV, GRAVITY/PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

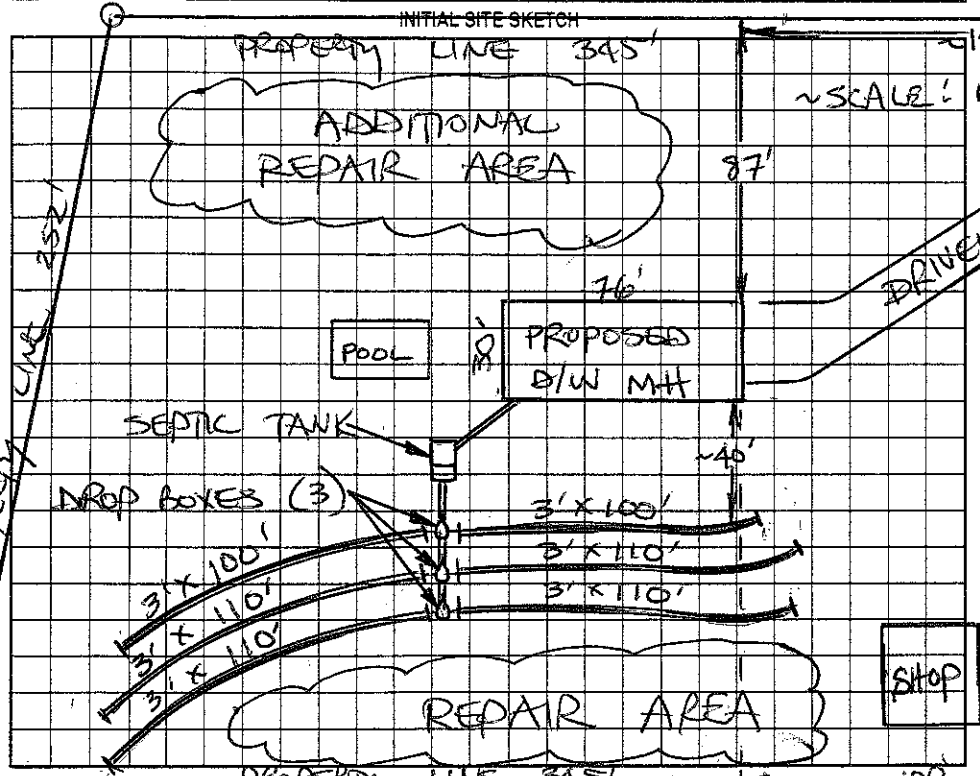
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2 No. Employees ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

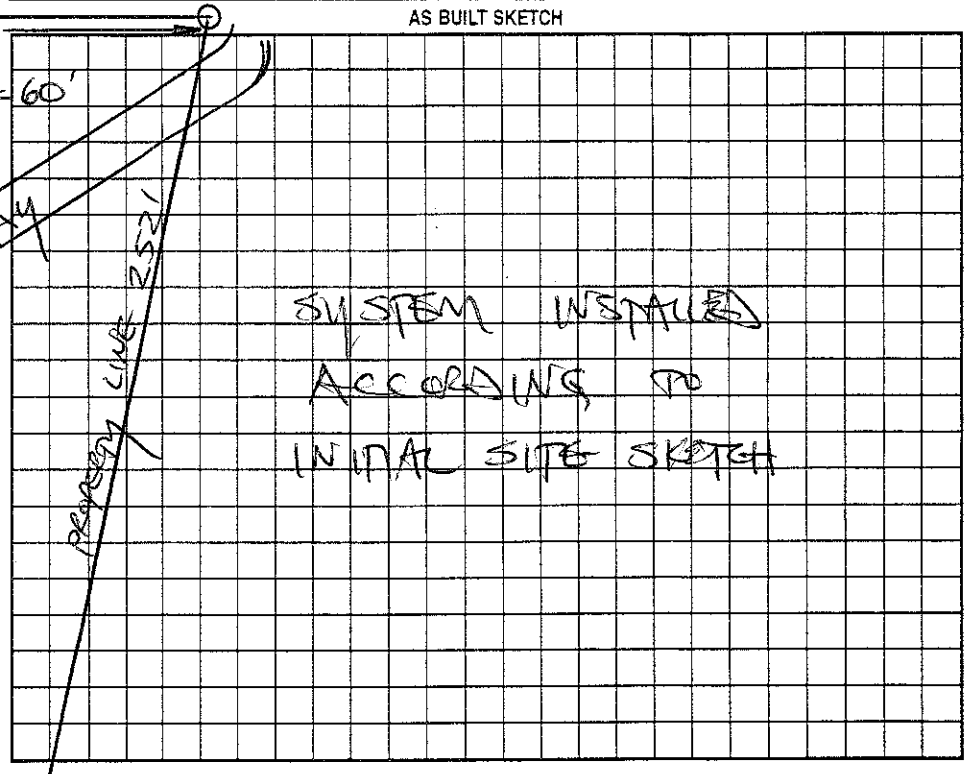
Comments:/Conditions:

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "INFITE" FILTER

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: Ed Shone date 10-21-03 Installed by: CRAIG THOMPSON

Improvement Permit by: STEVE HEDRICK date 10-20-03 Operation Permit by: STEVE HEDRICK date 11-14-03

Authorization to Construct by: STEVE HEDRICK date 10-20-03 Existing System Inspection by: ____ date ____

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