ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 327068

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4760 -- 64 -- 1549

APPLICANT/OWNER: Freedom Homes- Evelyn Kelly | APPLICANT ADDRESS: 1124 Charlotte Hwy, Troutman

SITE ADDRESS: 590 Brawley Rd, Cleveland 27013 | PHONE: 704-881-2326 | ALT. PHONE -

SITE DIRECTIONS: Amity Hill - Brawley | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: - | SECTION: - | LOT # - | LOT AREA: 2 acres | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.3

Septic Tank	EX	(gal)	STB	Date	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms	3
Pump Tank		(gal)	PT	Date	System Description:	EX + 25% reduction	[ ] Business	No. Persons	6
Pump Make		Model		Serial #	Repair System Description:	25% reduction	[ ] Other	No. Employees	
# Nitrification Fields	1	# Lines		Linear Ft	EX + 100	Maintenance Agreement Required: [ ] YES [X] NO	[ ] Slab	[X] Crawl Space	
Trench Width	36 in	Trench Bottom Depth(Low side)	24 in	Gravel Depth	-	[X] GRAVITY [ ] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing	

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Do not exceed 36 inch trench bottom. Do not grade, park, or drive on septic area. Install lines on contour with the land.

Feed old lines 2/3 out of new d-box. Feed 1/3 to new line

INITIAL SITE SKETCH

See attached by ICHD
5/19/22

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

INSTALLED AS SHOWN

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

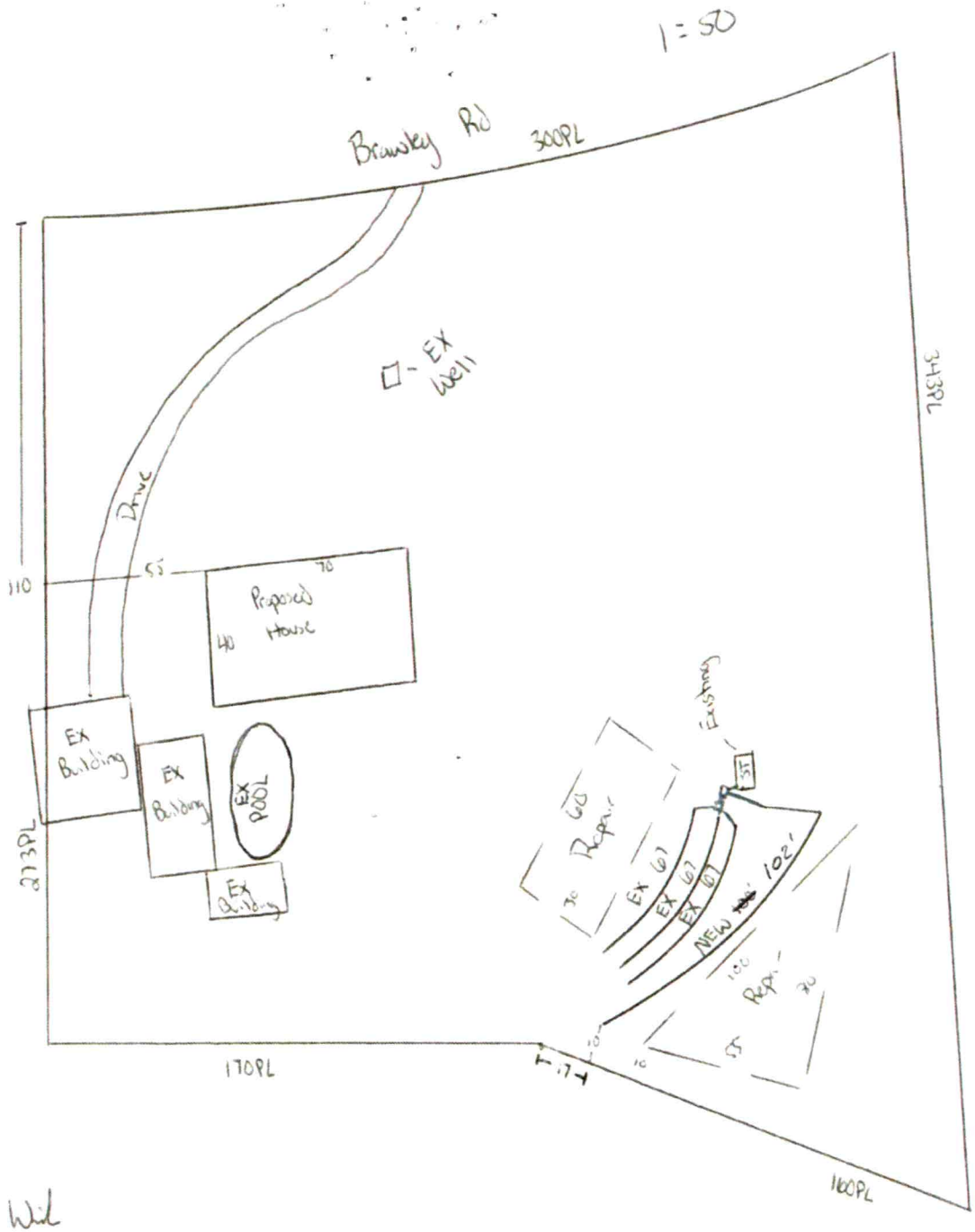
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [ ] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kimberly Kelly | Date: 5/20/22 | Installed by: ABEE GRADING

IMPROVEMENT PERMIT by: Cory Hill | Date: 5/19/22 | OPERATION PERMIT by: Bryant C. White | Date: 7-1-2022

AUTHORIZATION TO CONSTRUCT by: Cory Hill | Date: 5/19/22 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.



Cory Wild
5/19/22

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4760641549
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Freedom Homes
ADDRESS: 1624 Charlotte Hwy, Troutman
PROPOSED FACILITY: 3 bdrm home
LOCATION OF SITE: 5440 Bowden Rd, Cleveland 27013
APPLICATION DATE: 4/27/22
DATE EVALUATED: 5/13/22
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 2 acres
PROPERTY RECORDED: yes

WATER SUPPLY: Private / Public / X Well / Spring / Other
EVALUATION METHOD: Auger Boring / X Pit / Cut
TYPE OF WASTEWATER: X Sewage / Industrial Process / Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 9%	0 - 7	FILL		-	52	SAP inc in C & CL layer		.3 PS
		7 - 24	C SBK	SS SP FR SE					
		24 - 52	CL SBK	SS SP FR SE					
2	Linear 10%	0 - 7	FILL		-	44	-	-	.3 PS
		7 - 14	C SBK	SS SP FR SE					
		14 - 44	CL SBK	SS SP FR SE					
		44 - 57	SAP LS	FR					
3	Linear 8%	0 - 8	FILL		-	53	SAP CL	inc in layer	.3 PS
		8 - 17	C SBK	SS SP FR SE					
		17 - 53	CL SBK	SS SP FR SE					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Wrucker
OTHER(S) PRESENT:

COMMENTS:

Updated: February 2014

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 327068

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4760 -- 64 -- 1549

APPLICANT/OWNER: Freedom Homes- Evelyn Kelly | APPLICANT ADDRESS: 1124 Charlotte Hwy, Troutman

SITE ADDRESS: 590 Brawley Rd, Cleveland 27013 | PHONE: 704-881-2326 | ALT. PHONE -

SITE DIRECTIONS: Amity Hill → Brawley | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: - | SECTION: - | LOT # - | LOT AREA: 2 acres | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.3

Septic Tank	EX	(gal)	STB	Date	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT	Date	System Description:	EX + 25% reduction			[ ] Business	No. Persons	6	[X] Private
Pump Make		Model		Serial #	Repair System Description:	25% reduction			[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	1	# Lines		Linear Ft	EX + 100'	Maintenance Agreement Required:	[ ] YES	[X] NO	[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width	36 in	Trench Bottom Depth(Low side)	24 in	Gravel Depth	-		[X] GRAVITY	[ ] PRESSURE	[ ] Basement w/plumbing		[ ] Basement w/o plumbing	

Comments / Conditions: Do not exceed 36 inch trench bottom. Do not grade, park, or drive on septic area. Install lines on contour with the land.

Feed old lines 2/3 out of new d-box. Feed 1/3 to new line.

INITIAL SITE SKETCH

See attached by ICHD
5/19/22

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

[ ] **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* [X] **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* [ ] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kimberly Kelly | Date: 5/20/22 | Installed by:

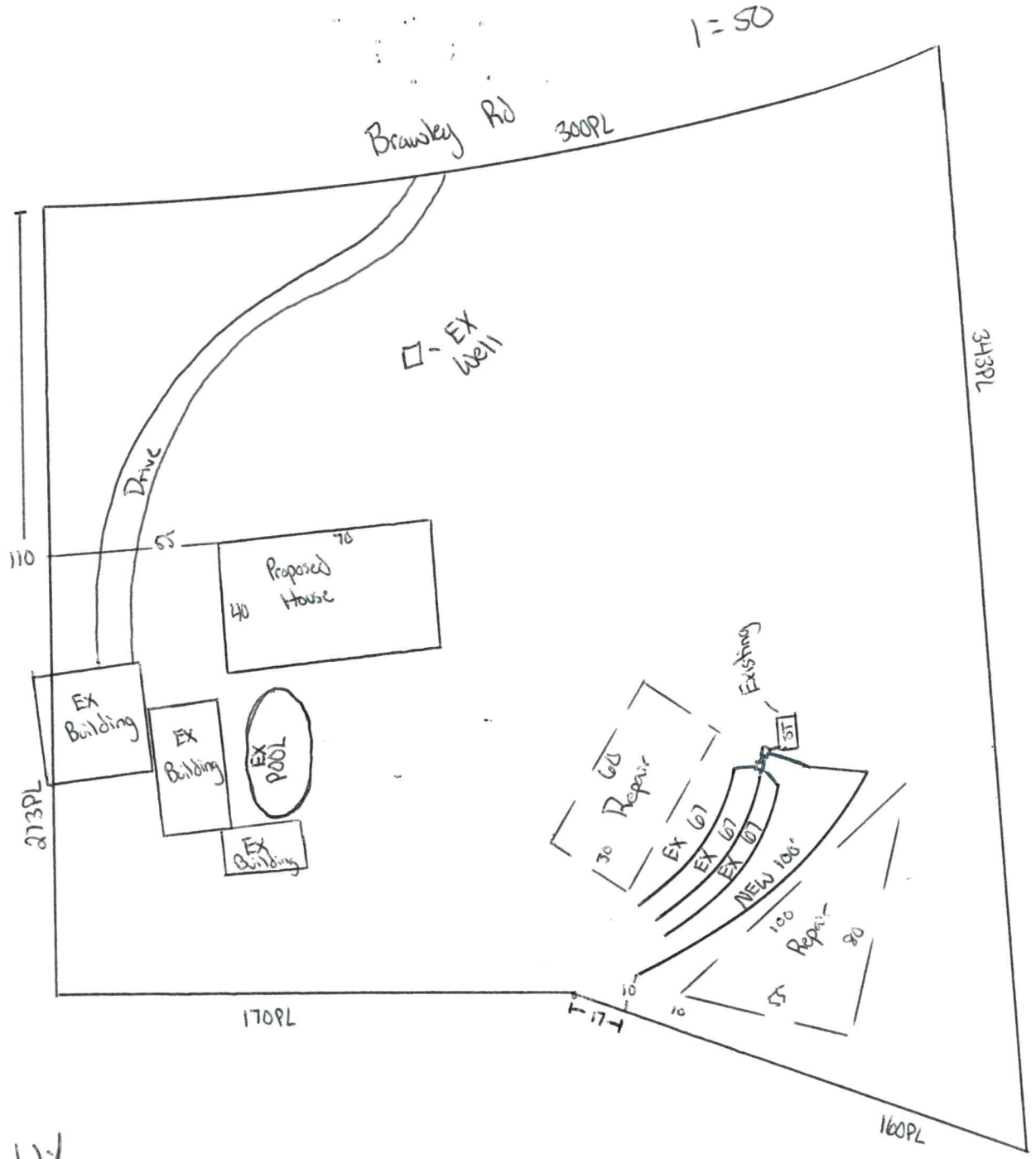
IMPROVEMENT PERMIT by: Cory Whit | Date: 5/19/22 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Cory Whit | Date: 5/19/22 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	



Cory Wilt
5/19/22

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4760641549
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Freedom Homes
ADDRESS: 1124 Charlotte Hwy, Troutman
PROPOSED FACILITY: 3 bd/r home
LOCATION OF SITE: 5210 Brawley Rd, Cleveland 27013

APPLICATION DATE: 4/27/22
DATE EVALUATED: 5/13/22
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 2 acres
PROPERTY RECORDED: yes

WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	Linear 9%	0 - 7	FILL		–	52	SAP inc in C & CL layer		.3 PS
		7 - 24	C SBK	SS SP FR SE					
		24 - 52	CL SBK	SS SP FR SE					
2	Linear 10%	0 - 7	FILL		–	44	–	–	.3 PS
		7 - 14	C SBK	SS SP FR SE					
		14 - 44	CL SBK	SS SP FR SE					
		44 - 57	SAP LS	FR					
3	Linear 8%	0 - 8	FILL		–	53	SAP inc in CL layer		.3 PS
		8 - 17	C SBK	SS SP FR SE					
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4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Wrucker
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

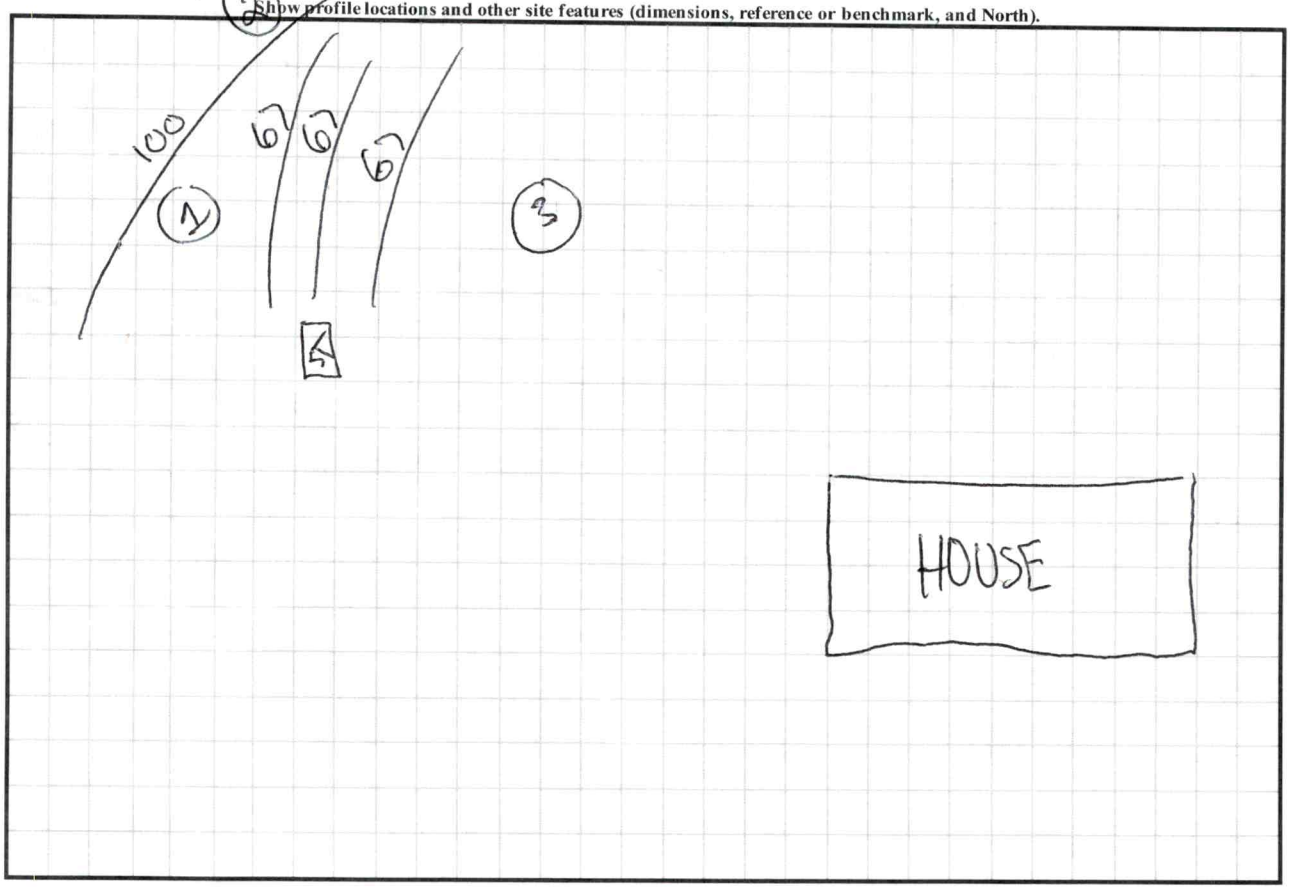
NOTES

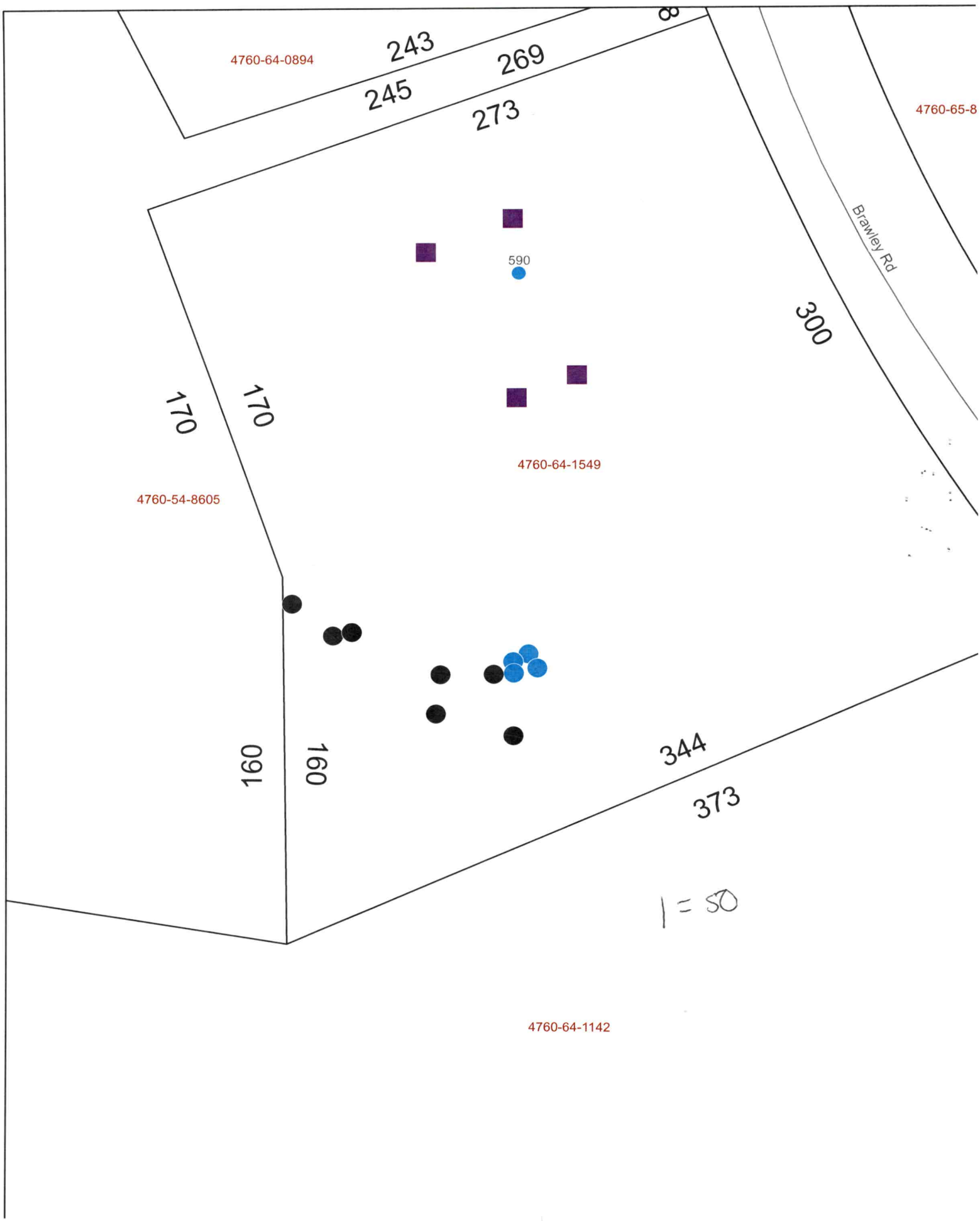
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).




4760-64-0894
243
269
245
273
4760-65-8
Brawley Rd
590
300
170
170
4760-64-1549
4760-54-8605
160
160
344
373
1 = 50
4760-64-1142

RECEIVED APR 2 7 2022

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP- 327068 $250.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Freedom Homes/Kimberly Fry Address: 1124 Charlotte Hwy Troutman NC Zip: 28166
Applicant Email: kimsneed.Sneed04@gmail Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Evelyn Kelly/Gregory Ford Address: 590 Brawley Rd Cleveland NC Zip 27013
Owner Email: _____ Phone: 704-502-0018 Alt. Phone: _____

Property Information:

Street Address: 590 Brawley Rd Cleveland NC 27013
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-77 toward Charlotte, Exit 45, @ Amity Hill Rd, @ Brawley Rd, 590 is 1.9 miles on Right.

Site Development Information: *(check or complete ALL that apply)*

Existing Septic

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

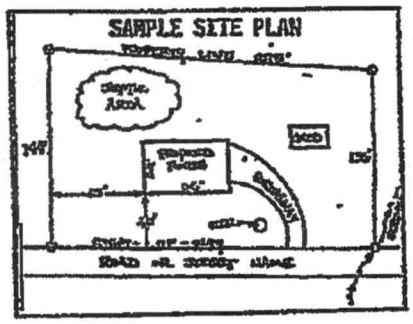
Signature: Kimberly Fry 3-24-2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!



Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property (N/A)
Location of easements and rights of ways on your property (N/A)
Location of any designated wetlands on the property (N/A)

USE THIS SPACE TO DRAW YOUR SITE PLAN

Shows: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

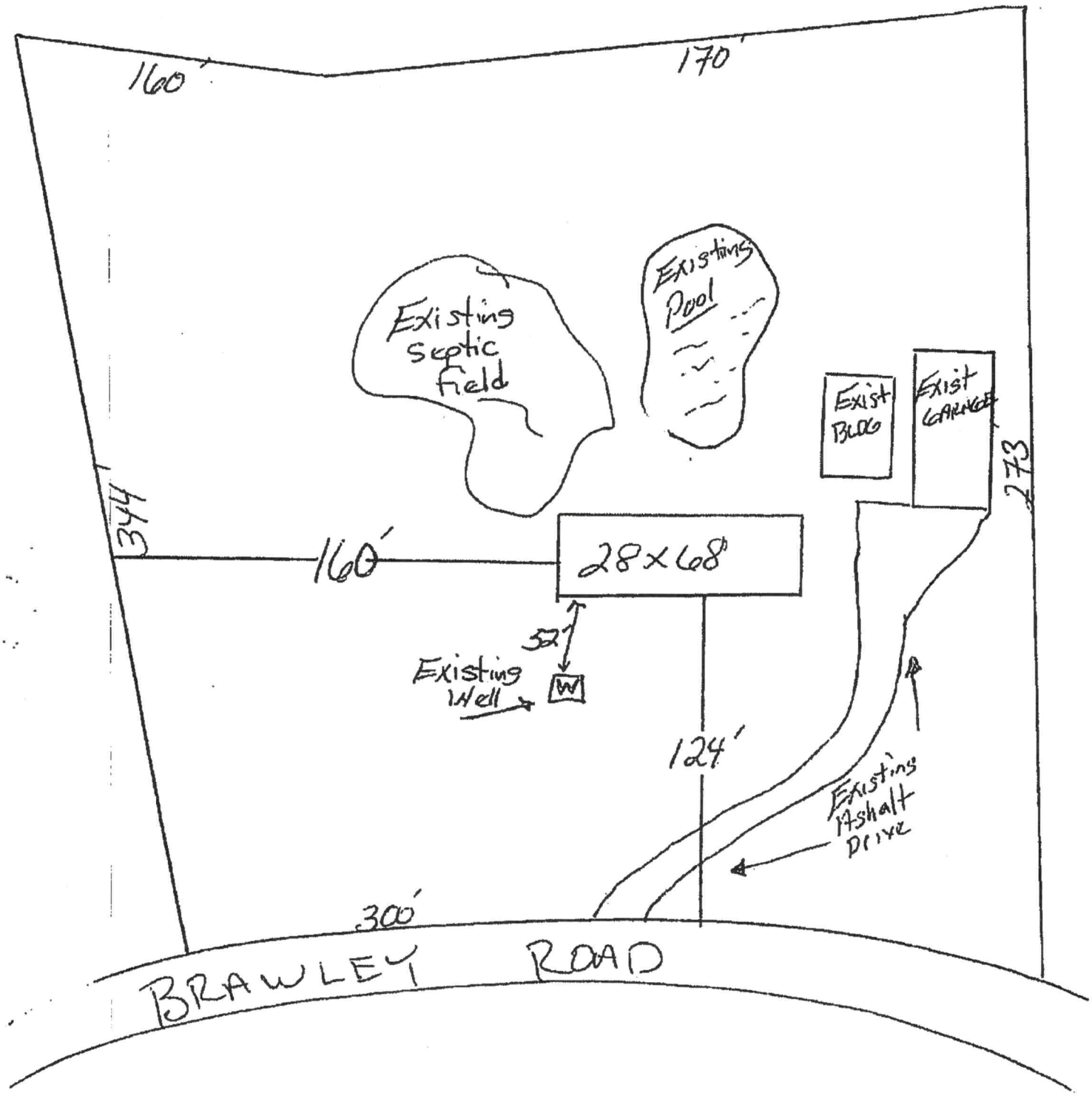
Attached

Signature: Kimberly Brown (SIGNATURE REQUIRED)
Property owner or owner's legal representative signature

3-24-22
DATE

PLOT PLAN
N.T.S.

POWDER
590 BRAWLEY RD.
CLEVELAND



DocuSign Envelope ID: EC4462D8-28FC-4FCE-8E11-0AB01235A14D

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A 1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.
If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

DocuSigned by:
Gregory A. Ponder 12/30/2021
Signature of Owner(s) Date

Signature of Witness 12-30-2021
Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrianne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
327068 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4760641549.000	590 BRAWLEY RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: KELLY EVELYN ETAL	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE
Address:	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: (704)528-7960

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
MODULAR HOME EXISTING HOME MUST BE REMOVED BEFORE CO

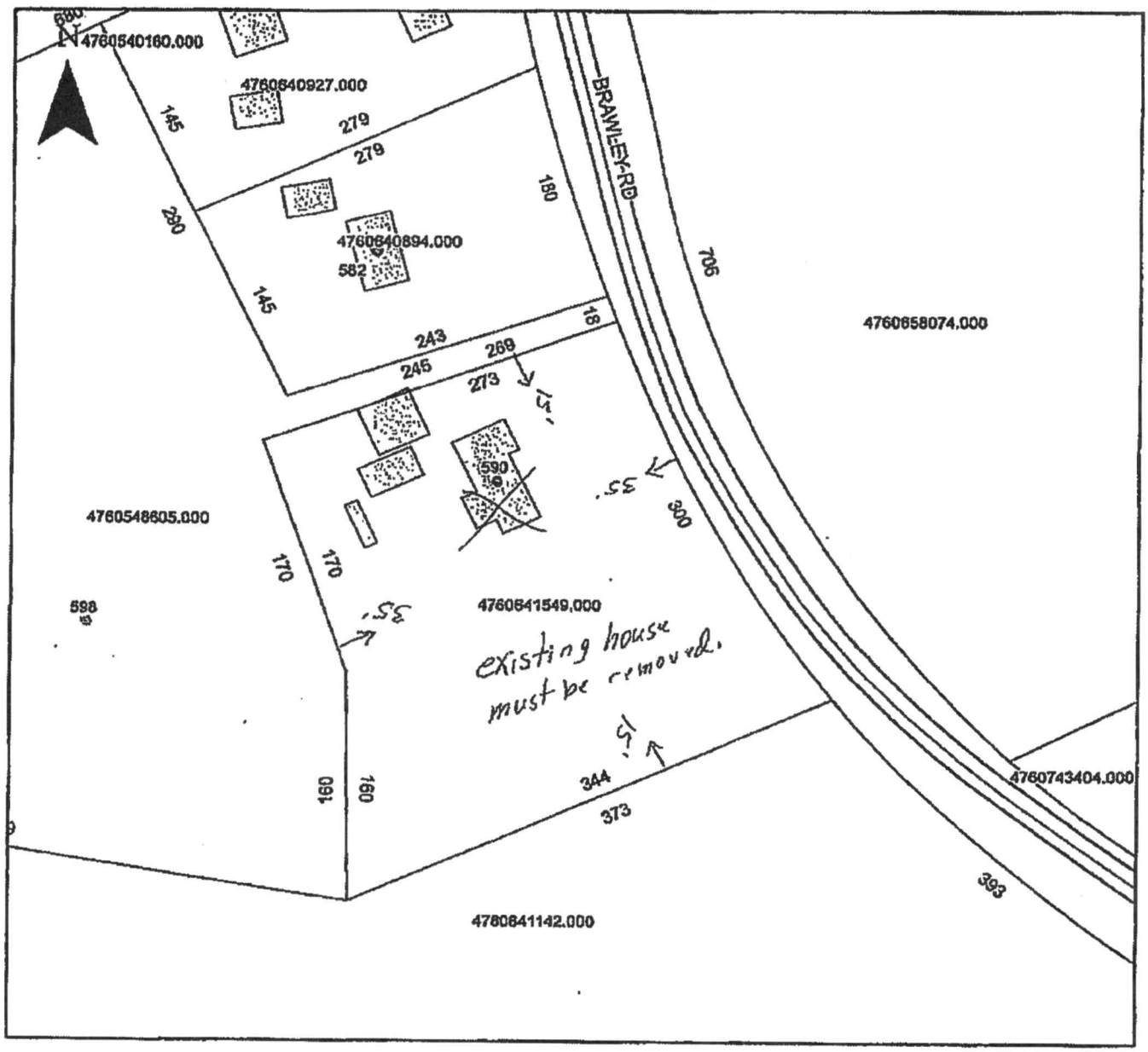
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 03/29/2022

Permit Number	327068	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 590 Brawley Rd.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Kimberly Sayre
Applicant

3-29-2022
Date

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM [illegible]

Septic Tank: [illegible] Gallons; ST [illegible] Date [illegible]
Pump Tank: [illegible] Gallons; PT [illegible] Date [illegible]
Pump Make: [illegible] Model [illegible] Serial No. [illegible]
Nitrification Field: No Fields ___ Square Feet 600 Linear Feet 200' Exis
No Lines 3 ex. Trench Width Exis Max Trench Bottom Depth Exis

☐ New System ☐ Repair ☐ Expansion System Type: I ☒ III IV V VI
System Description: Existing System
Repair System Description: ___
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2
☒ Mobile Home No. Persons ___
☐ Business No. Employees ___
☐ Other ___

Water Supply:
☒ Individual
☐ Public
☐ Community

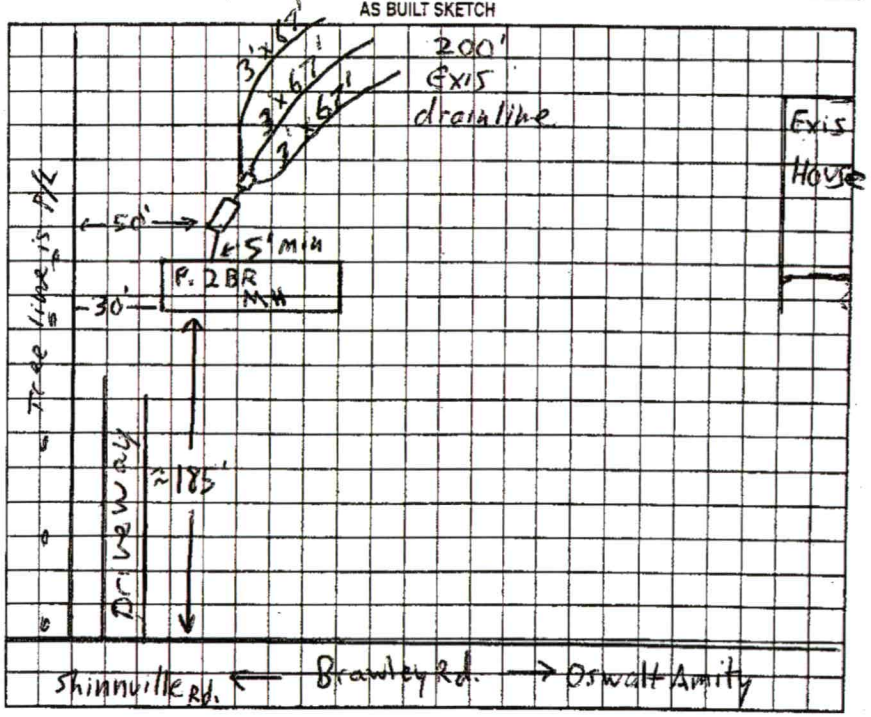
Gravel Depth 12" ☒ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions: Keep MH min 5' from exis S/T.
* Original permit for 2 BR Mobile Home (see permit 169 "1986" Michael Moore)
No visible malfunction observable at time of inspection.

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: Wilson Thomas date 7-26-07

Improvement Permit by: ___ date ___

Authorization to Construct by: ___ date ___

Installed by: ___

Operation Permit by: ___ date ___

Existing System Inspection by: Anthony Cokerly date 7/24/07

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