IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# [redacted] 89143 PIN# 4761 19 80 31 DATE 12/29/00

OWNER OR CONTRACTOR Fleetwood Homes PHONE: Business 528-7120 Home

ADDRESS Trautman N/C 28166

LOCATION 215, L Oswalt Amity, L Bethesda, L Reuben, at end

SUBDIVISION Beechwood BLOCK / SECTION 2 LOT 60 LOT AREA 1.25 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons: STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1700 Linear Feet 400

No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I II III IV V VI

System Description: Gravity Conventional

Repair System Description: Similar

Maintenance Agreement Required: [ ] Yes [X] No

Gravel Depth 12" [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[ ] House/Mod. Home No. Bedrooms 3

[X] Mobile Home No. Bathrooms 2

[ ] Business No. Employees

[ ] Other

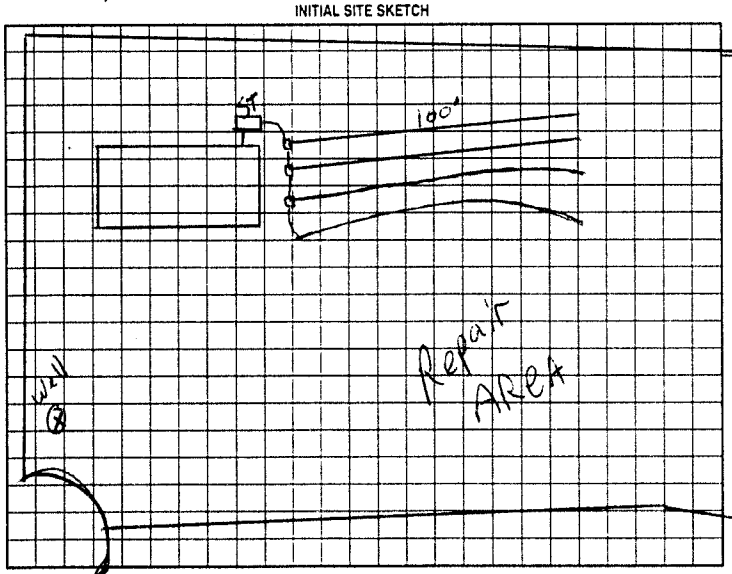
Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions:

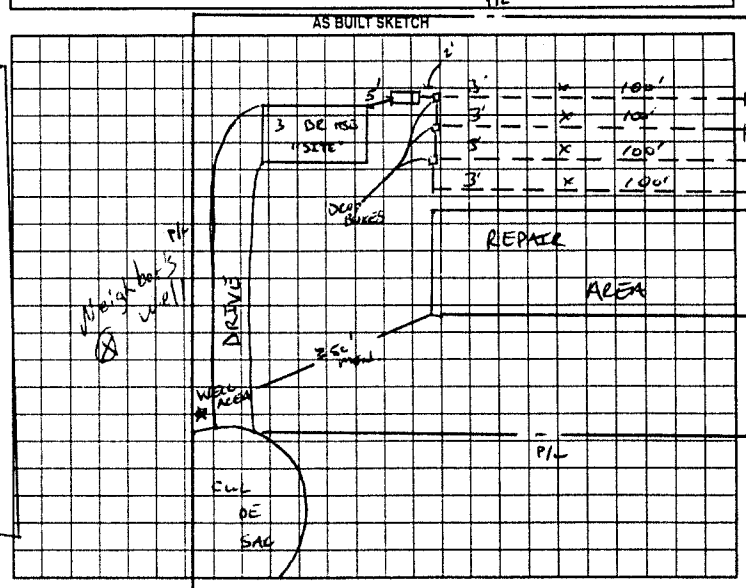
Not to Scale

Comments/Conditions: (1) NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS (2) KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS (3) PUMP SEPTIC TANK EVERY 3-5 YRS.

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 [illegible] Installed by:

Improvement Permit by: [signature] RSI date 12/29/00 Operation Permit by: [signature] date 2/6/01

Authorization to Construct by: [signature] RSI date 12/29/00 Existing System Inspection by: date

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