IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095052 PIN# 4762 20 4446 DATE 3/13/01

OWNER OR CONTRACTOR OAKWOOD HOMES, [redacted] PHONE: Business (704) 528-4516 Home

ADDRESS 1042 CHARLOTTE HWY., TROUTMAN, NC 28166

LOCATION 70E (R) BETHESDA RD., (R) GLASPY RD. ON (L)

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1.97 Ac. SITE CLASS. DESIGN FLOW L.T.A.R.

Septic Tank: 1000 (EXT.) Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100'

No Lines 1 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: CONVENTIONAL

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

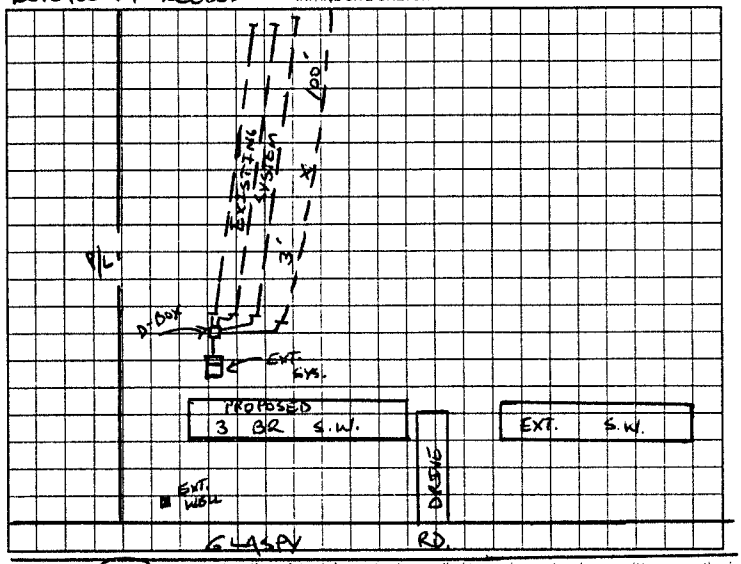
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

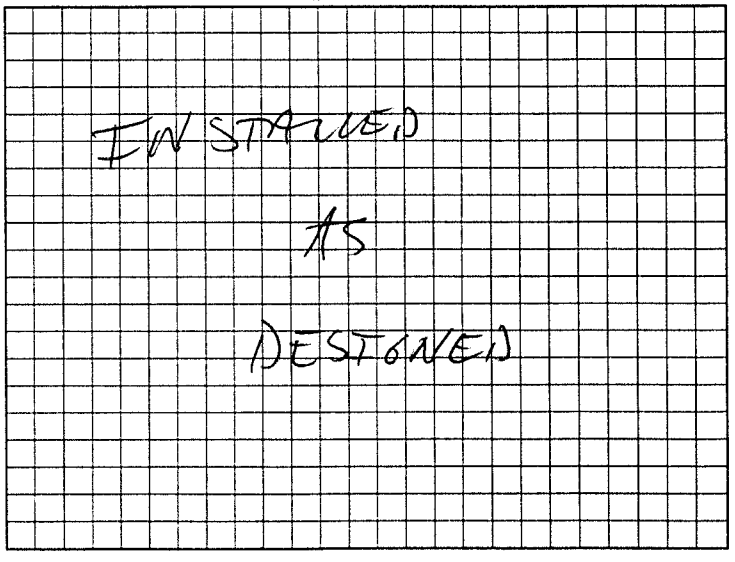
Comments/Conditions: (1) NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS (2) KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS (3) MAINTAIN NOTED SETBACKS (4) INSTALL DRAINLINES UNIFORM AND ON CONTOUR. (5) CHECK SANITARY TEE IN TANK AND REPLACE IF NEEDED

Comments/Conditions: (1) 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 date Installed by: TODD UPRIGHT

Improvement Permit by: Susan Shinn date 3/13/01 Operation Permit by: Susan Shinn date 4/3/01

Authorization to Construct by: Susan Shinn date 3/13/01 Existing System Inspection by: date

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