IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 108525 PIN# 4762-21-9543 DATE 9-9-02

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

ADDRESS 1040 CHARLOTTE HWY TROUTMAN NC 28166

LOCATION US 70 EAST, TR BETHESDA ROAD, TR, FAIRWIND LANE, 6TH LOT ON LEFT

SUBDIVISION FAIRWINDS BLOCK / SECTION LOT 31 LOT AREA 0.6747 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons: STB 1012 Date 1-11-02
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 26" Gravel Depth 12"

☐ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

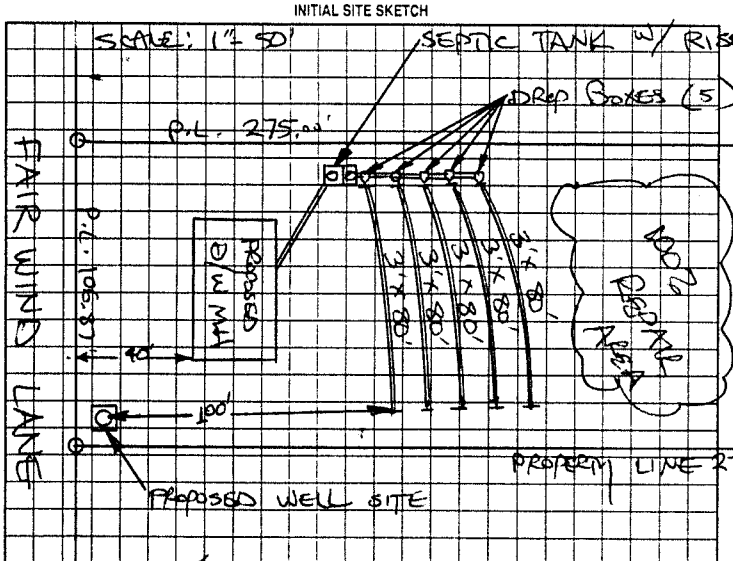
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply:
☒ Individual
☐ Public
☐ Community
WELL

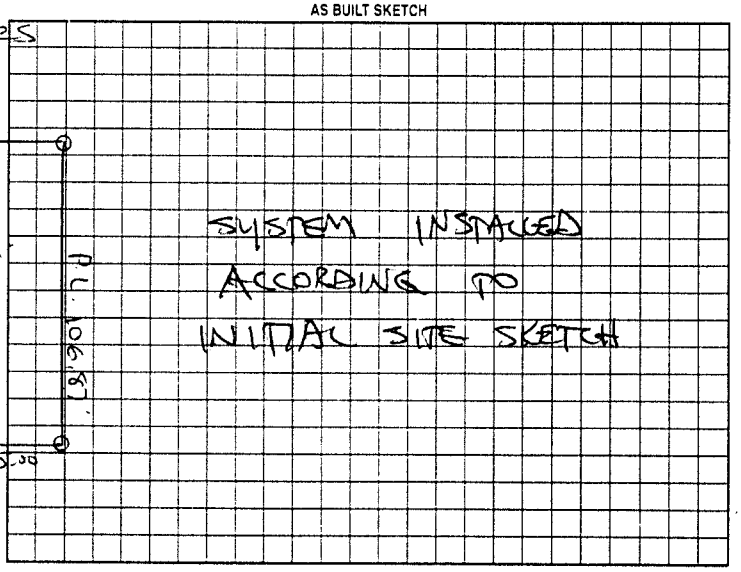
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions: SEPTIC TANK WITH MARKER & RISER INSTALLED USING "THETITE" 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: [signature] date 9-9-02 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 9-9-02 Operation Permit by: STEVE HEDRICK date 9-10-02

Authorization to Construct by: STEVE HEDRICK date 9-9-02 Existing System Inspection by: date

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