IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094390 PIN# 4762 21 7515

OWNER OR CONTRACTOR FLEETWOOD HOMES PHONE: Business (704) 528-7120 Home DATE 3/29/01

ADDRESS 1040 CHARLOTTE HWY, TROUTMAN, NC 28166

LOCATION 70E (R) BETHESDA RD, (R) ROBIN'S ~~CRAY~~ HILL RD, ON (L)

SUBDIVISION FAIRWINDS BLOCK / SECTION 2 LOT 14 LOT AREA .52 Ac. SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. .30

Septic Tank: 1000 Gallons: STB 312 Date 1-15-01
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 5 Trench Width 3' Max Trench Bottom Depth 30"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONVENTIONAL
Repair System Description: ~~Septic~~ PUMP/GRAY PANEL
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

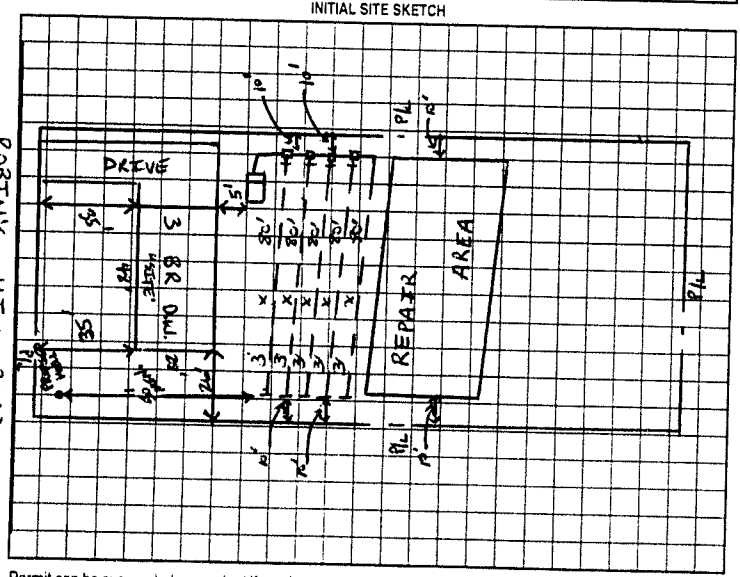
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

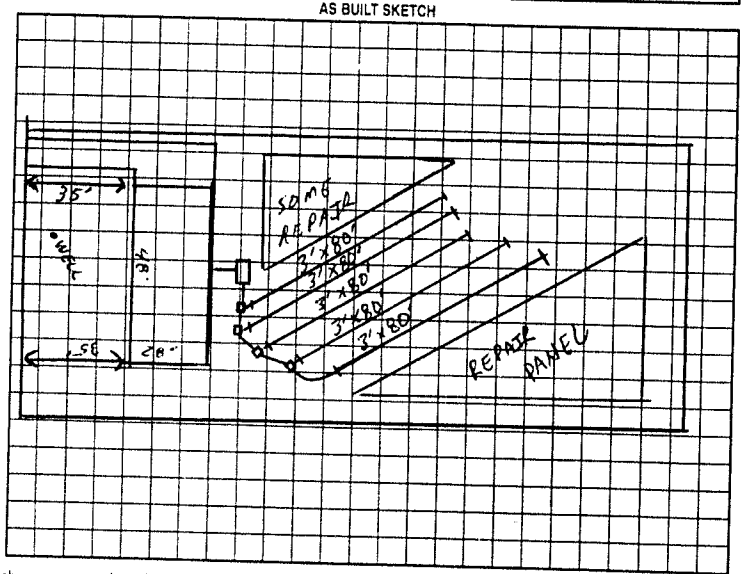
Comments/Conditions: (1) NO CUTTING OR FILLING OVER DRAINFIELD OR REPAIR AREAS (2) KEEP ALL DRAINS AWAY FROM DRAIN FIELD AND REPAIR AREAS (3) MAINTAIN SETBACKS (4) INSTALL DRAINLINES UNIFORM AND ON CONTOUR.

Comments/Conditions: SYSTEM INSTALLED AS SHOWN WITH MARKER & POLYCLIC 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: Daniel Queen date 4/3/01 Installed by: THOMPSON BACKHOE

Improvement Permit by: Dwayne Shinn date 3/29/01 Operation Permit by: Joe Carter REHS date 6-6-01

Authorization to Construct by: Dwayne Shinn date 3/29/01 Existing System Inspection by: ____ date ____

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