IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 12-13-01

PERMIT# 103533 PIN# 4762-31-2512

OWNER OR CONTRACTOR FLEETWOOD Homes PHONE: Business _____ Home 704-528-7120

ADDRESS 1040 CHARLOTTE HWY TROUTMAN NC 28166

LOCATION HWY 70E, (R) BETHESDA, (R) FAIRWINDS 2ND LOT ON LFT

SUBDIVISION FAIRWIND BLOCK / SECTION _____ LOT 29 LOT AREA 1.336± SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons: STB 11-26-01 Date 794
Pump Tank: _____ Gallons: PT _____ Date
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields / Square Feet 1028' Linear Feet 344'
No Lines 4x86' Trench Width 36" Max Trench Bottom Depth 32"-36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III IV V VI
System Description: CONV GRAV
Repair System Description: PUMP/LP/CHAMBERS
Maintenance Agreement Required: ☐ Yes ☒ No

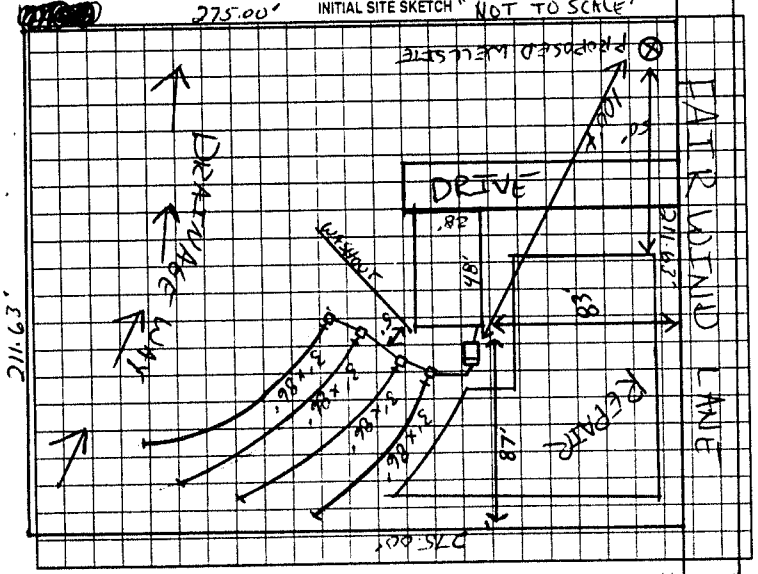
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home DW No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

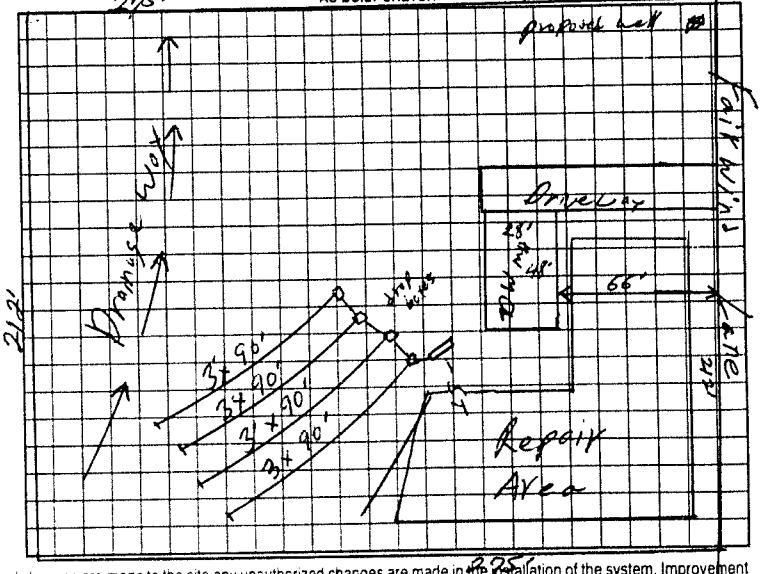
Comments/Conditions: (1) PAD FOR D/N MUST BE FILLED, NOT CUT TO MAINTAIN GRAVITY SYSTEM (2) MAINTAIN SETBACKS (3) PVC TO ROUGH TOPO PUT LINES IN AT DEPTH 32"-36" DEEP

Comments/Conditions: (3) MAINTAIN SETBACKS (4) INSTALL LINES ON CONTOUR (4) FILL & PACK WASHOUT SO 5' SETBACK IS VALID - Septic Tank Marker Installed - Riser Filter Installed

INITIAL SITE SKETCH "NOT TO SCALE"



AS BUILT SKETCH Not to Scale



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 12-14

Improvement Permit by: _____ date 12-13-01

Authorization to Construct by: _____ date 12-13-01

Installed by: Craig Thompson

Operation Permit by: William J Johnson date 1/3/02

Existing System Inspection by: _____ date _____

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