IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095051 PIN# 4762 21 7515 DATE 3/12/01

OWNER OR CONTRACTOR OAKWOOD HOMES PHONE Business (704) 528-4516 Home

ADDRESS 1042 CHARLOTTE HWY., TROUTMAN, NC 28166

LOCATION 70 E. ® BETHESDA RD. ® FAIRWINS LANE 2nd ON (L)

SUBDIVISION FAIR WIND BLOCK / SECTION LOT 28 LOT AREA 1.26 Ac. SITE CLASS PS DESIGN FLOW 480 GPD L.T.A.R. .30

Septic Tank: 1000 Gallons; STB [redacted] 312 Date 10-15-99

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No

Nitrification Field; No Fields 1 Square Feet 1600 Linear Feet 533'

No Lines 4 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: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 2 No. Employees

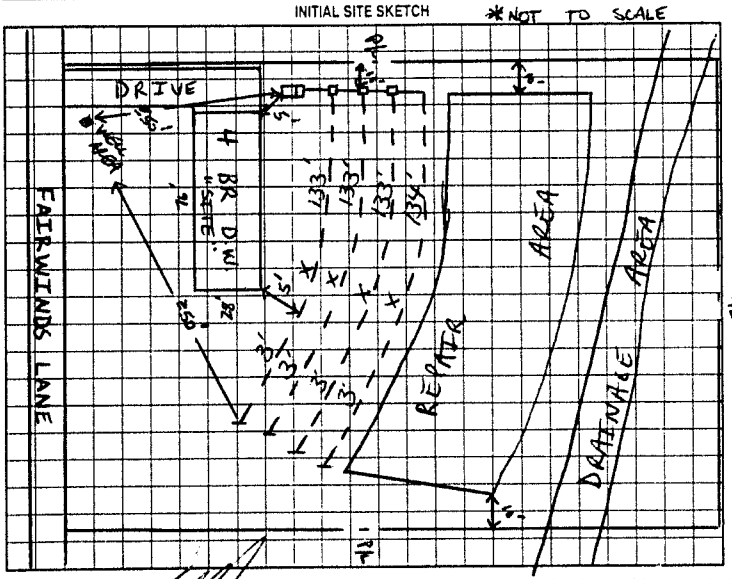
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

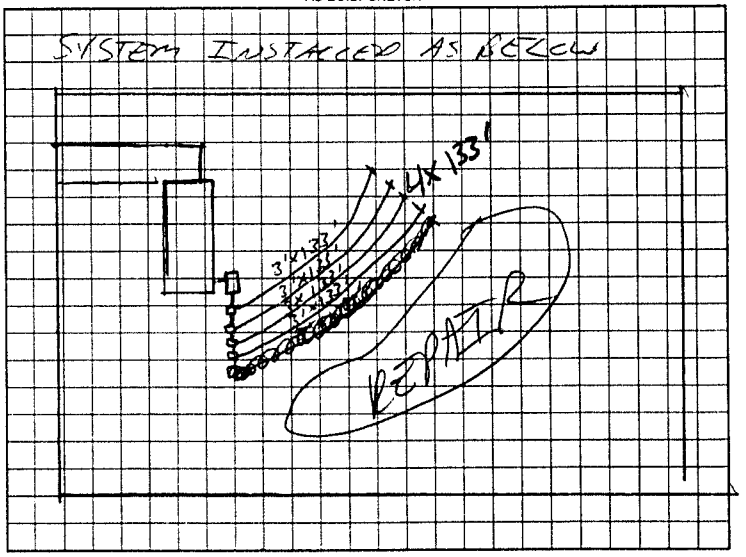
Comments/Conditions: ① NO CUTTING OR FILLING OVER DRAINFIELD AND REPAIR AREAS ② KEEP ALL DRAINS AWAY FROM DRAINFIELD AND REPAIR AREAS ③ MAINTAIN NOTED SETBACKS ④ INSTALL DRAIN LINES UNIFORM AND ON CONTOUR.

Comments/Conditions: SYSTEM INSTALLED WITH POLYLOK FITTER & MARKER

INITIAL SITE SKETCH * NOT TO SCALE



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 3/15/01 Installed by: CRAIG THOMPSON

Improvement Permit by: [signature] date 3/12/01 Operation Permit by: [signature] EST date 4.17.01

Authorization to Construct by: [signature] date 3/12/01 Existing System Inspection by: date

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