Posted on 9/29/01

IDELL COUNTY HEALTH DEPARTMENT

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

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

MIT# 083996 PIN# 4762217515 (pt.) DATE Nov. 2, '99

OWNER OR CONTRACTOR Piedmont Housing PHONE: Business 528-7120 Home

ADDRESS 1040 Charlotte Hwy. Troutman 28166

LOCATION Ostwalt Ferry Road Turn on Bethesda Road ~ 1 3/4 mi on left

SUBDIVISION Fair Winds BLOCK / SECTION LOT 3 LOT AREA 2.36 Ac SITE CLASS PS DESIGN FLOW 360 gpd. L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 1012 Date 6-24-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1320 Linear Feet 440
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: Gravity conventional
Repair System Description: pumped conventional
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

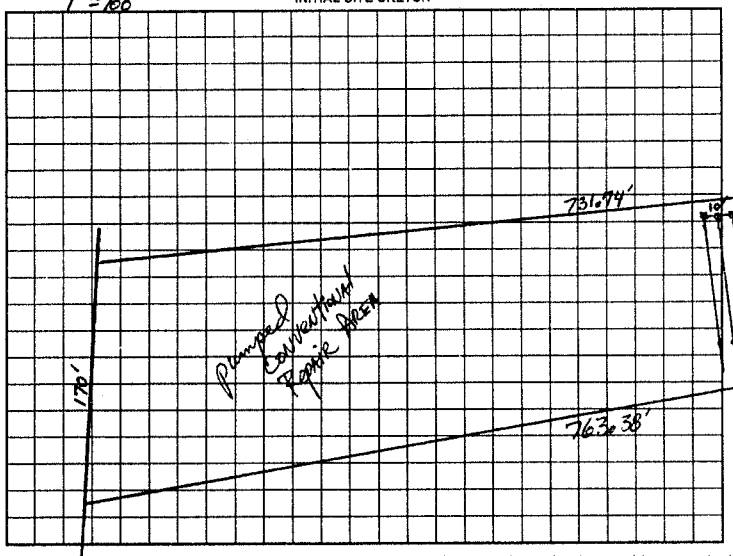
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community

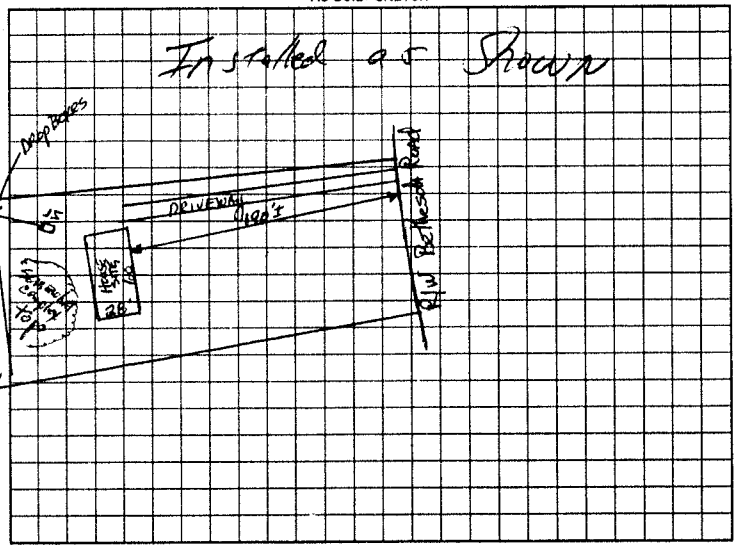
Comments/Conditions: Single O-Box with Levelers may be used in lieu of Drop Boxes.

Comments/Conditions: Poly Lok Fiber Installed
Septic Tank Master Installed

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: RM Hall date 11-2-99 Installed by: Craig Thompson

Improvement Permit by: Laura K. Hinson, RS date 11-2-99 Operation Permit by: William O. Johnson date 9/26/01

Authorization to Construct by: Laura K. Hinson, RS date 11-2-99 Existing System Inspection by: date

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