IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101089 PIN# 4762-32-5092 DATE 6/27/01

OWNER OR CONTRACTOR Freedom Homes / Donald Cline PHONE: Business _____ Home _____

ADDRESS 1019 Charlotte Hwy Stanley NC 28164

LOCATION 70E, TR Bethesda, TR Fairwinds 1st on RT

SUBDIVISION Fairwinds BLOCK / SECTION _____ LOT 42 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 194 Date 4-2301

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 36"

X New System ☐ Repair System Type: (I) II, IV, V, VI

System Description: Gravity Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes X No

Gravel Depth 12" ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3

X Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

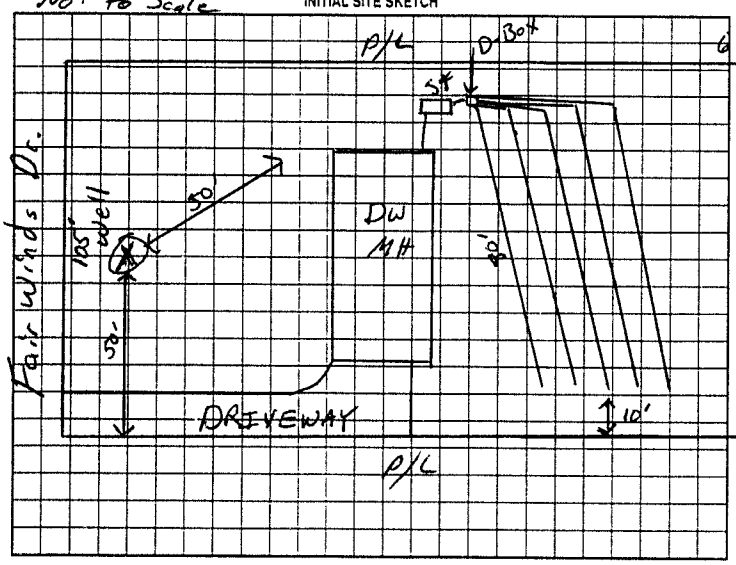
Water Supply: X Individual ☐ Public ☐ Community

Comments/Conditions: Install lines on Contour - Keep well the maximum possible distance from any Septic System 50' minimum

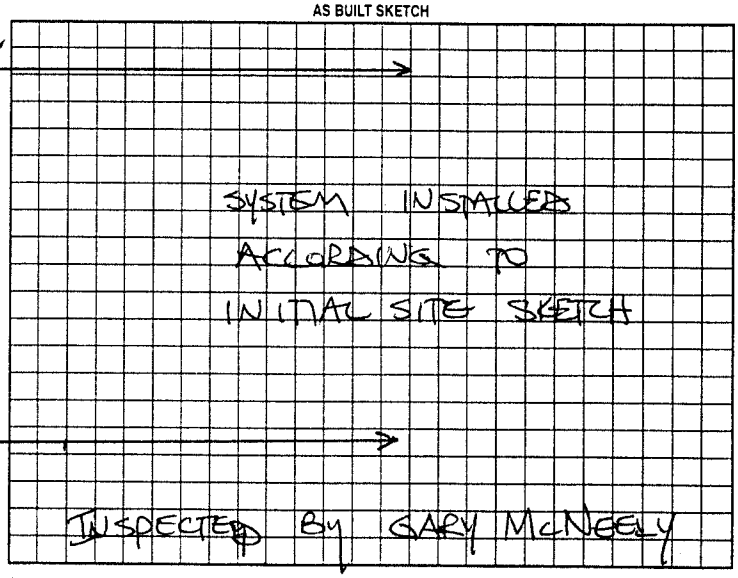
Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER

Not to Scale

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 Hyles date 6-28-01

Improvement Permit by: RSI date 6/27/01

Authorization to Construct by: RSI date 6/27/01

Installed by: MARTY TUCKER

Operation Permit by: STEVE HERRICK date 1-3-01

Existing System Inspection by: _____ date _____

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