IREDELL COUNTY HEALTH DEPARTMENT

(CV)

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

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

PERMIT# 148324 PIN# 3793-46-9398 DATE 4 March 08

OWNER OR APPLICANT Freedom Homes / Jerry Houston PHONE: Business 704-872-0179 Home

ADDRESS 1270 Northside Dr. Statesville, N.C

LOCATION Mock Mill Rd. Turn into Cydia - Go to End - on Rt.

SUBDIVISION BLOCK / SECTION LOT 5 LOT AREA 1.662ac. SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. 0.3 g/ft²/d

Septic Tank: 1000 Gallons: STB 760 Date 10-9-07

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet ≈ 1600 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: Pump to 25% reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

Follow contour / Easement for power-line encroachment attached. / Keep 30'± From utility pole's.

Comments:/Conditions:

INITIAL SITE SKETCH

Please see attached Layout plan attached

AS BUILT SKETCH

Installed by Dennis

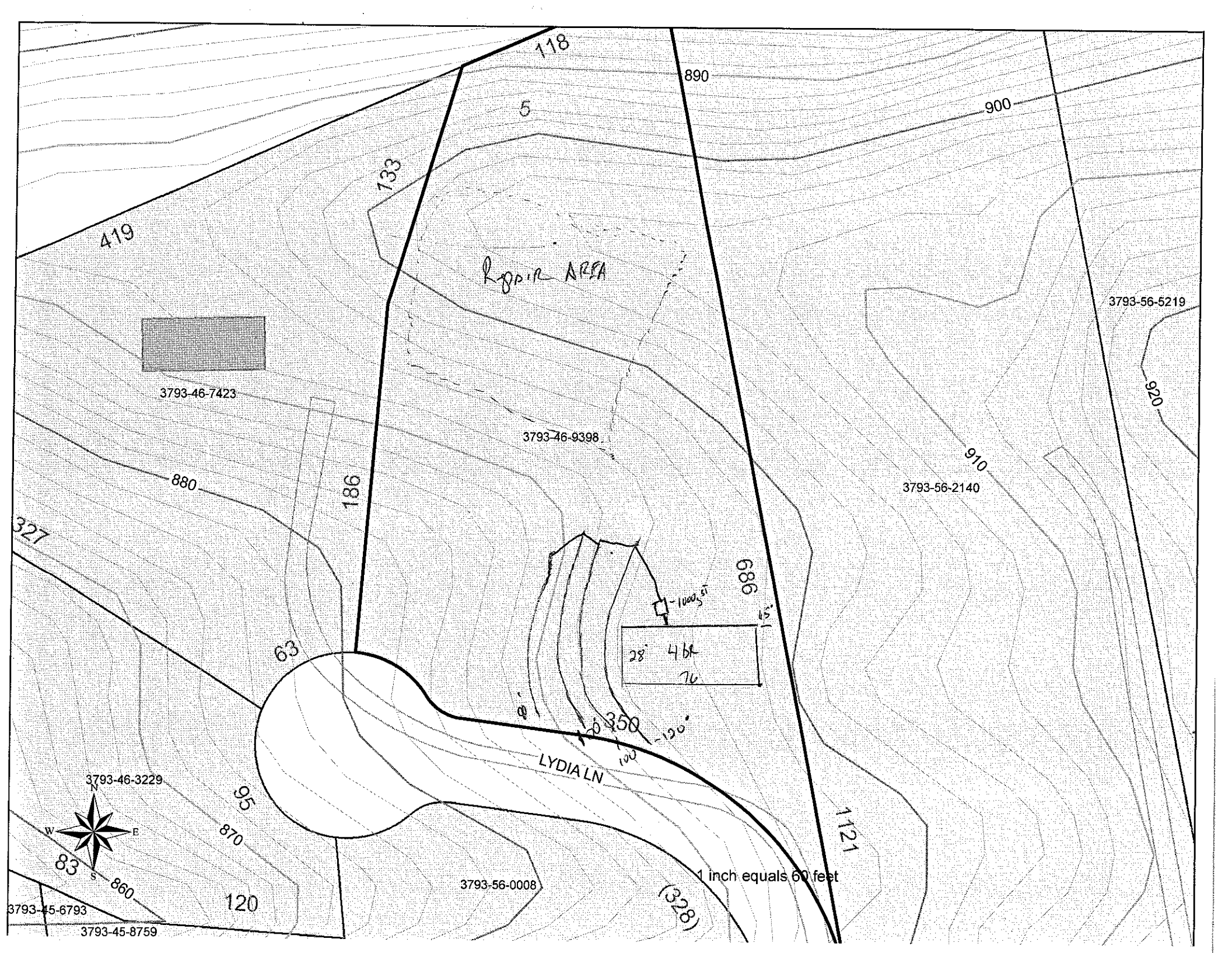
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Brenda Lyons date 3-5-08 Installed by: Jim Abee

Improvement Permit by: J. Hogg, R.S. date 4 March 08 Operation Permit by: J. Hogg, R.S. date 3-13-08

Authorization to Construct by: J. Hogg, R.S. date 4 March 08 Existing System Inspection by: date

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


118
890
900
5
133
419
Repair AREA
3793-56-5219
920
3793-46-7423
3793-46-9398
910
3793-56-2140
880
186
327
686
1000 SF
45'
28'
46'
76'
63
350
120'
100'
LYDIA LN
3793-46-3229
N
W
E
S
95
870
83
860
120
3793-56-0008
1121
(328)
1 inch equals 60 feet
3793-45-6793
3793-45-8759