IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 154154 PIN # 3793-55-0163 DATE 22 December 08

OWNER or APPLICANT Freedom Homes PHONE: Business (704) 528-7960 Home:

OWNER or APPLICANT ADDRESS 1042 Charlotte Highway Troutman, N.C.

LOCATION / DIRECTIONS Mark mill Rd. Turn onto Titleist TR Top Elite - on Rt.

SUBDIVISION Augusta Greens BLOCK / SECTION 2 LOT # 11 LOT AREA 0.57ac. DESIGN FLOW 360 g/d L.T.A.R. 0.3g/Ft²/d

Septic Tank 1000 Gallons: STB 760 Date 11-7-08
Pump Tank ____ Gallons: P T ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Field No Fields 1 No Lines 5 Linear Feet 300
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: 25% Reduction
Maintenance Agreement Required ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons ____
☐ Other No. Employees ____
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☐ Private
☑ Public
☐ Community

Comments / Conditions
Follow contour

Comments / Conditions
Pol-Lock Filter
Site Address: 126 Top Elite Ln - Stat.

INITIAL SITE SKETCH

Please see Attached Site sketch

AS BUILT SKETCH

Installed As Drawn.

Drawing missing!

Drive on (R) Top in front of house

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 w / plat valid without expiration.* ☑ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☑ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Eric M. Wemp Date 22 Dec 08

Improvement Permit by: [signature], R.S. Date 22 Dec. 08

Authorization to Construct by: [signature], R.S. Date 22 Dec. 08

Installed by: A-1

Operation Permit by: [signature], R.S. Date: 19 May 09

Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant