IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (ad) (ad) MOORESVILLE 704-664-5281

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

PERMIT # 154155 PIN # 3793-55-2107 DATE 22 December 08

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

OWNER or APPLICANT ADDRESS 1042 Charlotte Highway Troutman

LOCATION / DIRECTIONS Mock Mill Rd. Turn onto Tilt Hoot TR Top Flite - on Rt.

SUBDIVISION Augusta Greens BLOCK / SECTION 2 LOT # 10 LOT AREA 0.57ac. DESIGN FLOW 360g/d L.T.A.R. 0.3g/FF/d

Septic Tank 1000 Gallons: STB 760 Date 11-08-08
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 NA

☑ 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

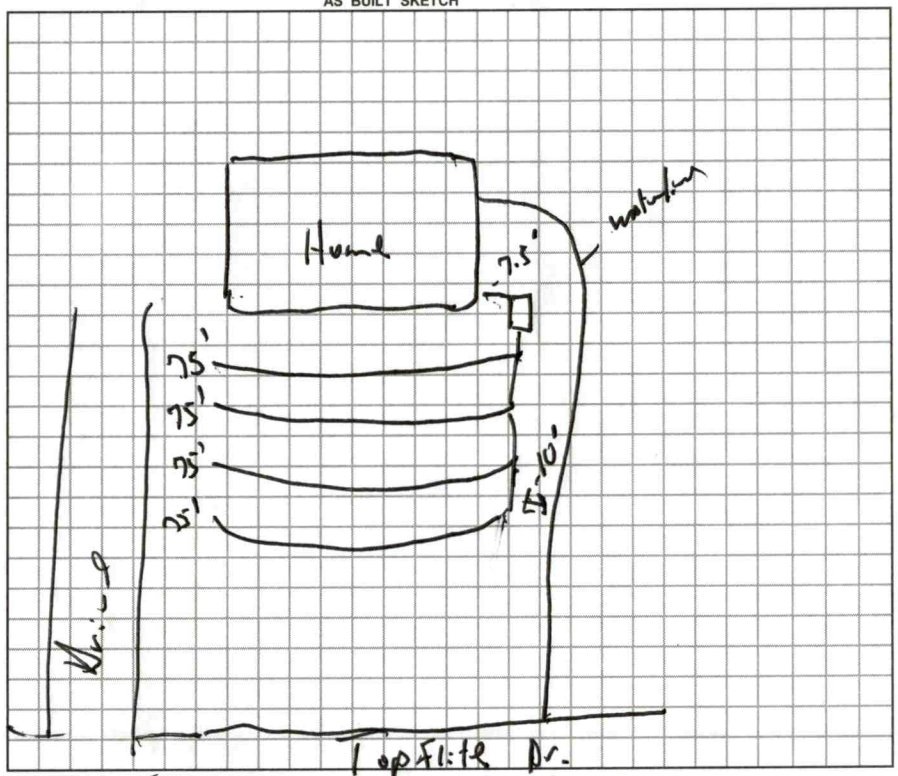
Comments / Conditions: Follow contour

Comments / Conditions: Poly/Tank Filter
Site Address: 120 Top Flite Dr. Stat.

INITIAL SITE SKETCH

Please see Attached 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 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: [signature] 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

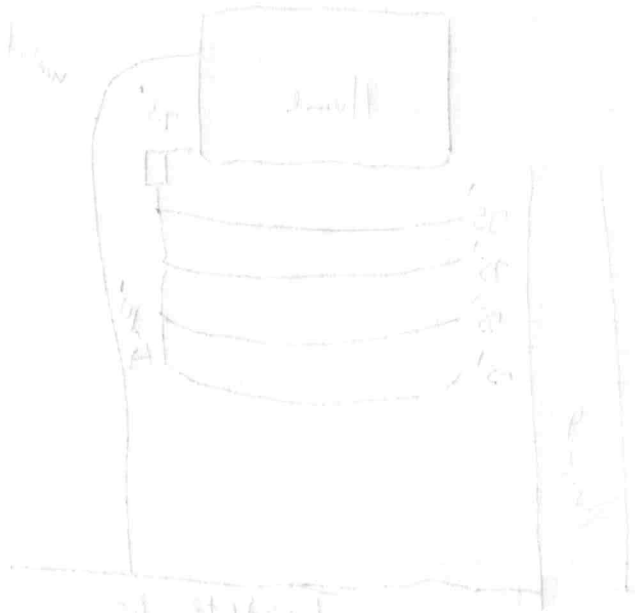
Installed by: A1 Backhoe

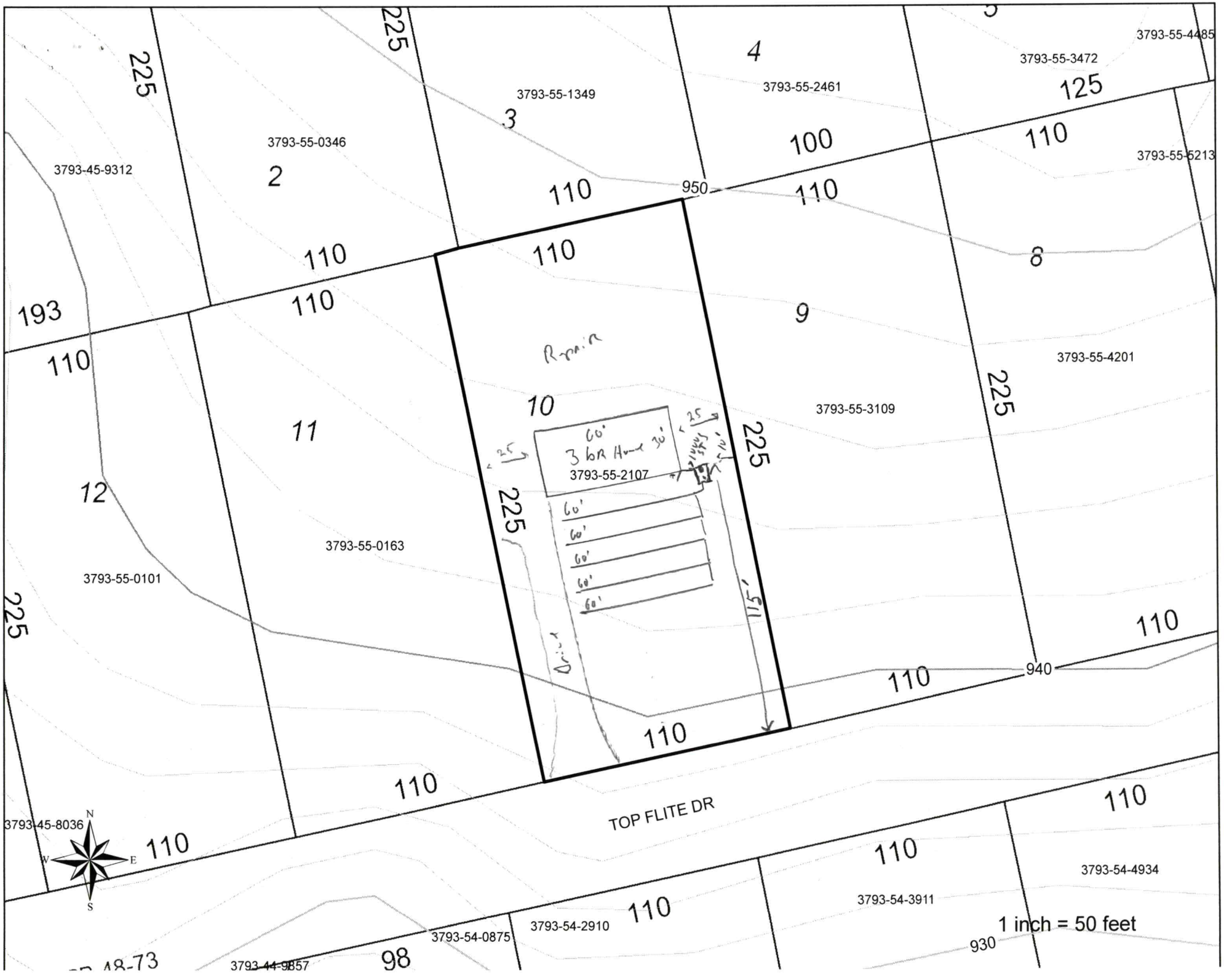
Operation Permit by: [signature], R.S. Date: 19 May 09

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




3793-55-4485
3793-55-3472
3793-55-1349
3793-55-2461
3793-55-5213
3793-45-9312
3793-55-0346
3793-55-4201
3793-55-3109
3793-55-2107
3793-55-0163
3793-55-0101
3793-45-8036
3793-54-4934
3793-54-3911
3793-54-2910
3793-54-0875
3793-44-9857
TOP FLITE DR
225
110
950
940
930
125
100
193
98
60'
3 bR Home 30'
25
115'
Drive
Remain
1 inch = 50 feet