IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 154155 PIN # 3793-58-2107 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 Mack Mill Rd. Turn onto Tidkot 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/FT²/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

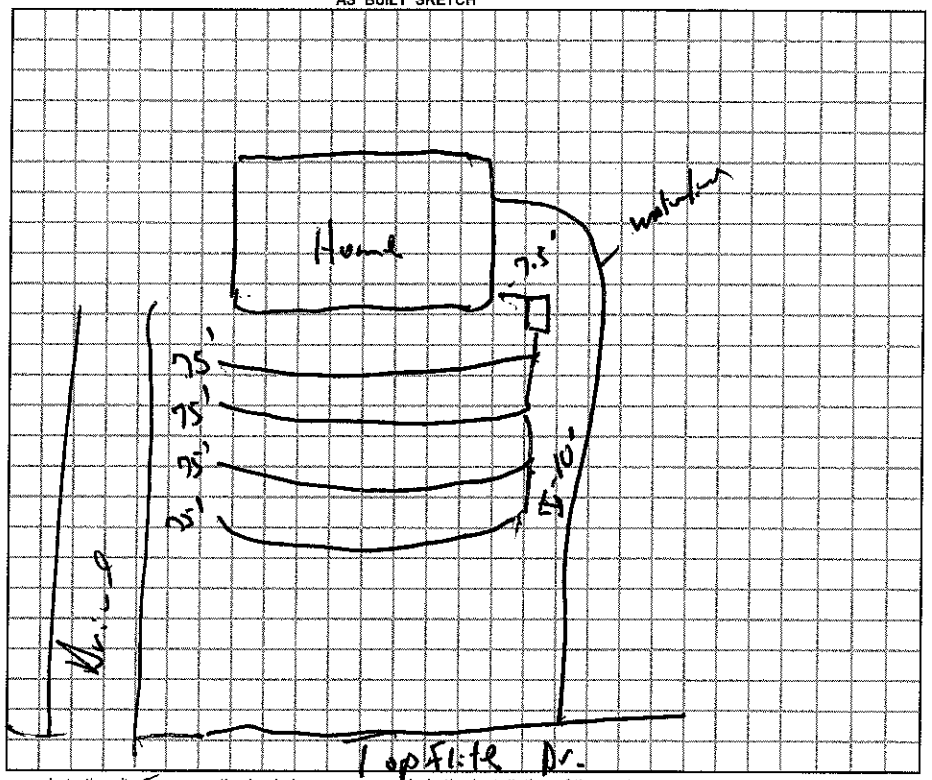
Comments / Conditions: Follow contour

Comments / Conditions: Poly/Tank Filter

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

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: A J Backhoe

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

Existing System Inspected by: ____ Date: ____

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