IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14494 PIN# 3794-61-6566 DATE 27 September 07

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

ADDRESS 1270 Northside Dr. Statesville, N.C.

LOCATION 140W To Old Mtn. Rd. TR Island Creek TL Cobble Rd. TL First Paved Rt.

SUBDIVISION Featherstone BLOCK / SECTION 3 LOT 69 LOT AREA 0.87 SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. 0.3/1.2 1.0/1.7

Septic Tank: 1000 Gallons; STB 760 Date 10-16-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model ~ Serial No. _____

Nitrification Field: No Fields 3 Square Feet = 1200 Linear Feet 300

No Lines 3 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 System

Repair System Description: 25% Reduction System

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ 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 / Homes setbacks

Comments:/Conditions: Red filter installed.

INITIAL SITE SKETCH

Please see Attached Layout

AS BUILT SKETCH

End-cap to end-cap distribution.

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: _____ date _____

Improvement Permit by: _____, R.S. date 27 Sept. 07

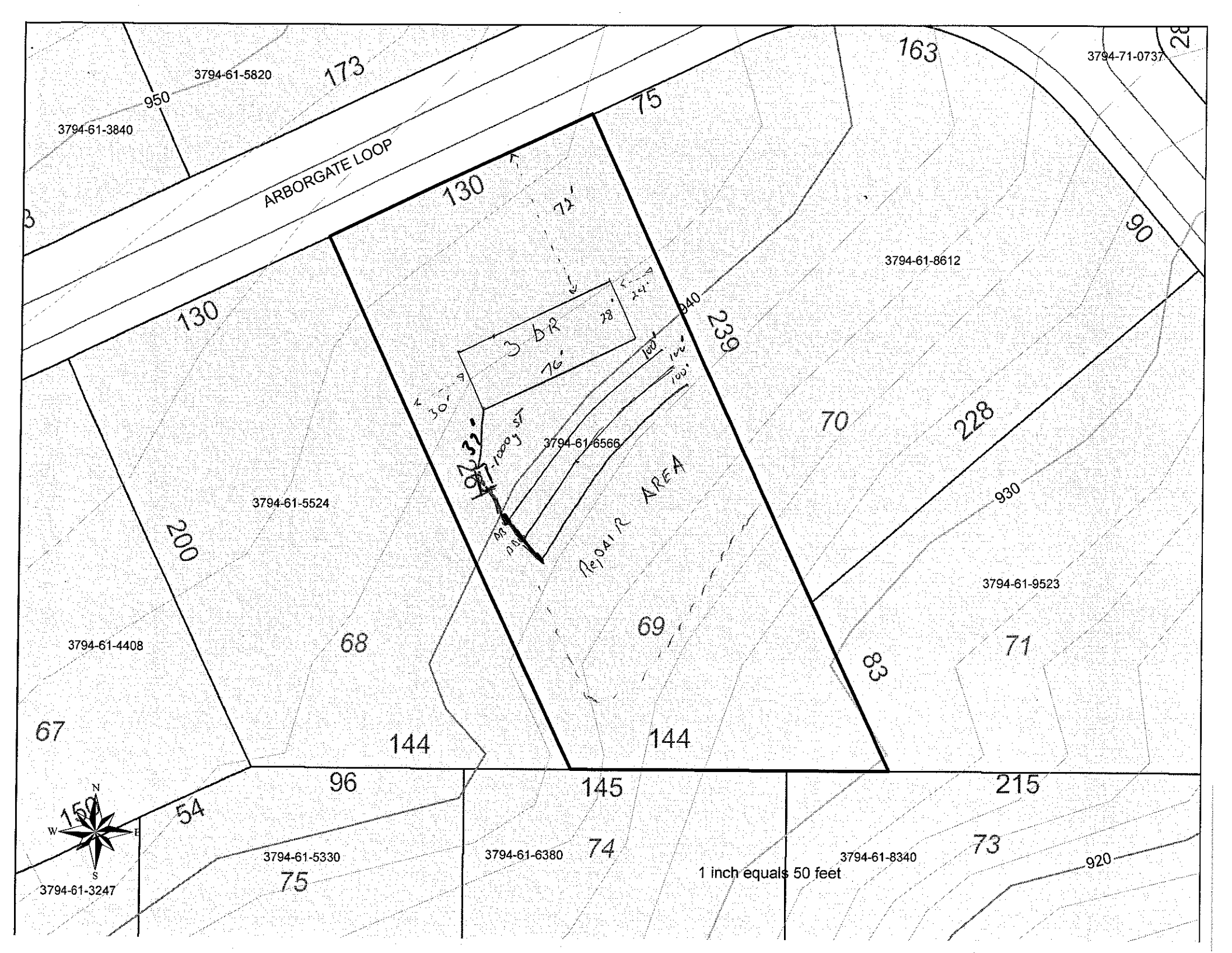
Authorization to Construct by: _____, R.S. date 27 Sept. 07

Installed by: Tim Abee

Operation Permit by: _____, R.S. date 4 MARCH 08

Existing System Inspection by: _____ date _____

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


3794-61-5820
173
950
3794-61-3840
ARBORGATE LOOP
130
75
163
3794-71-0737
72'
3794-61-8612
90
130
3 BR
28
76'
240
239
100'
100'
100'
30'
32'
3794-61-6566
70
228
3794-61-5524
200
930
AREA
3794-61-9523
69
68
71
3794-61-4408
67
144
144
83
96
145
215
54
150
N
W
E
S
3794-61-5330
3794-61-6380
74
3794-61-8340
73
920
75
3794-61-3247
1 inch equals 50 feet