2-3:00 PM

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123084 PIN# 4625-08-7183 7171 DATE 7/8/05

OWNER OR CONTRACTOR Joseph Freeman PHONE: Business _____ Home _____

ADDRESS 124 Palmer Marsh Rd Mooresville NC 28117

LOCATION BSR, TR Chuckwood, TL 1st Barber Lp, TL old Arbor way, at end

SUBDIVISION CL+T BLOCK / SECTION 7 LOT 133 LOT AREA 0.87 ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.35

Septic Tank: ~~1000~~ 1500 Gallons; STB 444 Date 9-15-09

Pump Tank: ~~1000~~ 1500 Gallons; PT 477 Date 12-17-08

Pump Make Goulds Model WE07124U Serial No. 350

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 3@115' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: Pump 25% Reduct.

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms ____ No. Employees ____

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

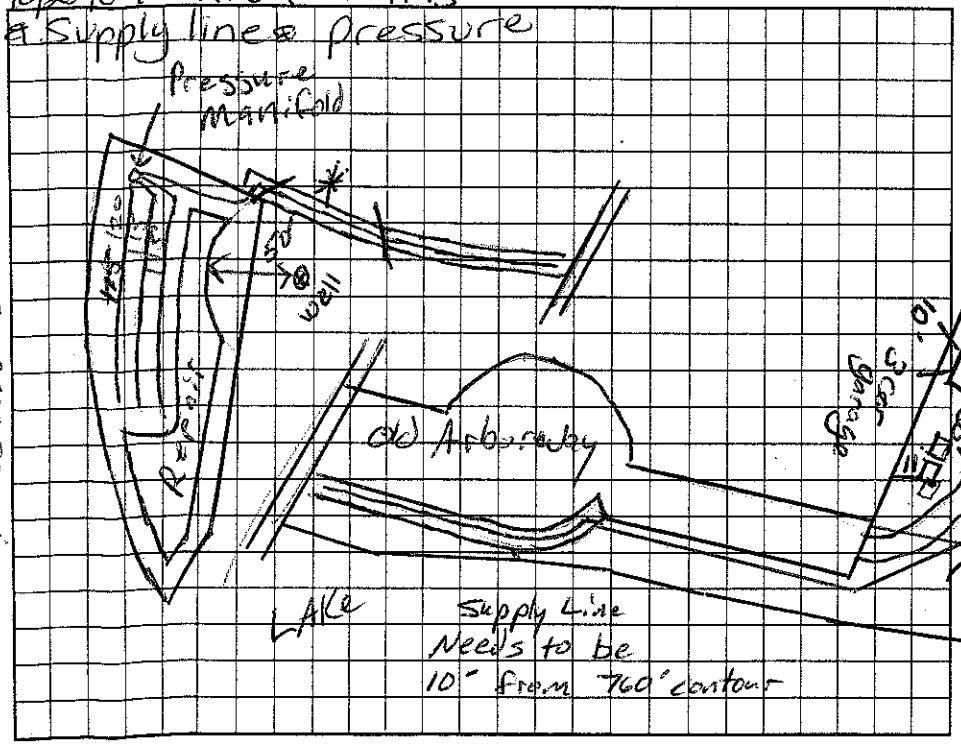
3 HP

Pete Coltrain 185 Old Concord Rd

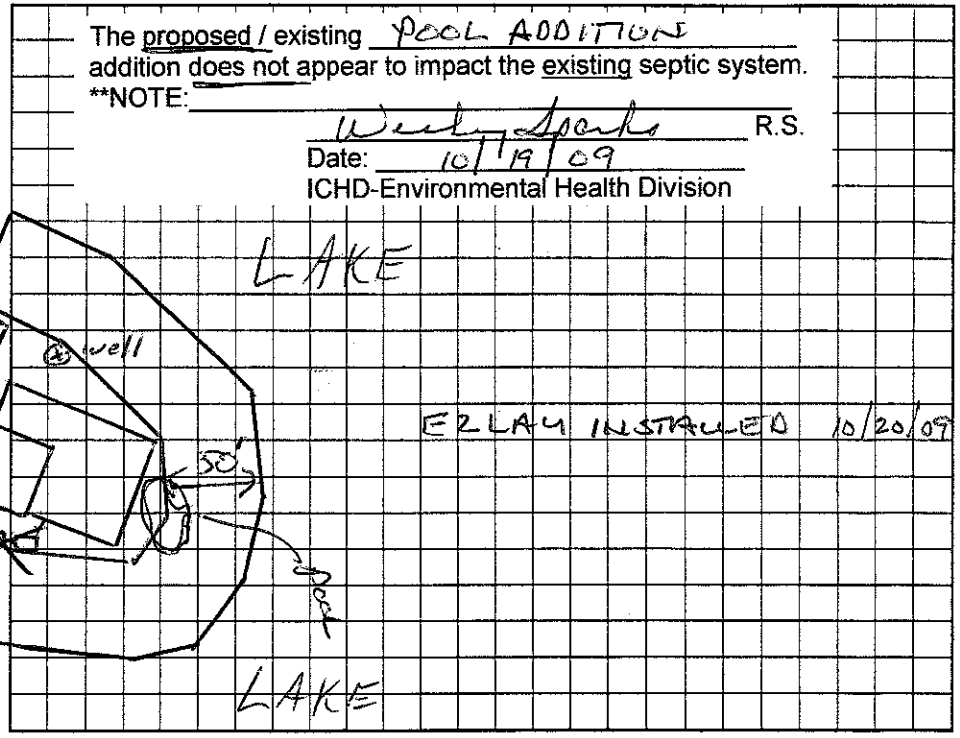
Comments/Conditions: * Supply line inside of the 50' radius of the well Must be constructed of Leakproof Pipe equivalent to water main standards Note: Lift to PL from PT 10/22/09 Check tank ITS

Comments/Conditions: 7/16/08 House to fit on lot parallel with fence line property line Exercise room is unfinished Attic space Plans reviewed. A.C.

INITIAL 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 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 7/11/05 Installed by: Kevin Hallman

Improvement Permit by: _____ RS date 7/8/05 Operation Permit by: Wesley Sparks REHS date 11/17/09

Authorization to Construct by: _____ date 7/16/08 Existing System Inspection by: _____ date _____

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