IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 204502 ~~20325~~7

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

PIN # 4638-67-2362

APPLICANT: Freedom Homes / John Edwards APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC 28168

SITE ADDRESS: 256 Collingswood Rd PHONE: 704-883-6148 ALT. PHONE:

SITE DIRECTIONS: Hwy 150W, TR on Perth Rd, TL on Stumpy Creek, TL on Collingswood, At end on R

SUBDIVISION: C L & T SECTION: 14 LOT # 105 3 LOT AREA: 1.25 ac DESIGN FLOW: 360 gpd L.T.A.R.:

Septic Tank EXISTING (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields EXIST 1 # Lines EXIST 1 Linear Ft: 150'

Trench Width Max. Trench Bottom Depth Gravel Depth N/A

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: EXISTING GRAVITY PPBPS

Repair System Description: LP PPBPS per 2009 permit

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☑ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: * System showed no signs of failure at time of inspection. Existing MH had been removed at time of inspection 7-2-14

INITIAL SITE SKETCH

AS BUILT SKETCH

SEE DESIGN BY S&ME

(Dated 6-26-14)

(Approved 7-7-14)

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Date: 7-7-14 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 7-7-14

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK