IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 163998 PIN # 4649282693 DATE 11-30-2010

OWNER or APPLICANT Calvin & Revaillie Freeman PHONE: ~~Business~~ H 704 528-4590 ~~Cell~~ Home 704 450-4415

OWNER or APPLICANT ADDRESS 204 Jasmine Circle Troutman, NC 28166

LOCATION / DIRECTIONS Hwy 115/21 N TL Flowerhouse TL Carlyle TR Jasmine Circle on left

SUBDIVISION King Acres BLOCK / SECTION LOT # 42 LOT AREA DESIGN FLOW 360gpd L.T.A.R.

Exist

Septic Tank Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 3 Linear Feet ~300ft

Exist Trench Width 36" Max. Trench Bottom Depth N/A Gravel Depth 12"

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

System Description: Exist. Gravity Conventional

Repair System Description: Modified/Pre 1982

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☒ Crawl Space

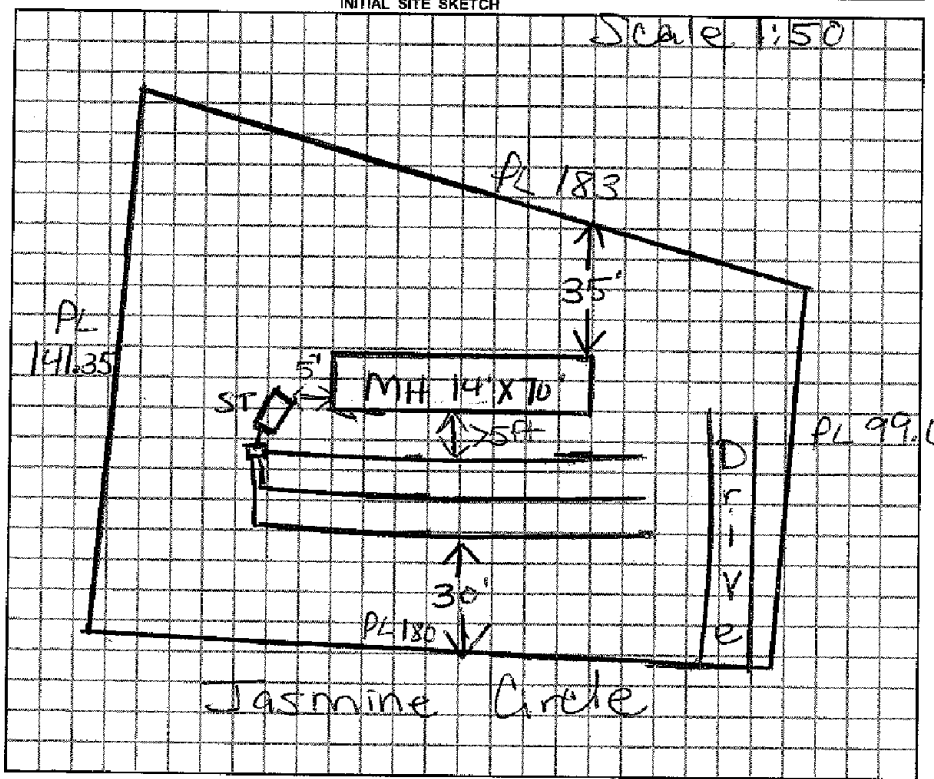
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☒ Community

Comments / Conditions: Existing Septic System appears to be functioning okay at time of inspection

Comments / Conditions: ★ Must keep new home at least 5Ft from existing Septic System (ST & Drainfield) Footers for any decks/porches must also be 5Ft from Septic

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 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: X Calvin Freeman Date 11-30-10

Improvement Permit by: Date

Authorization to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: Marina Hall Dotson RS Date: 11/30/2010

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