IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 4764820 PIN# 4655457001 DATE Jan-28-08

OWNER OR APPLICANT Freedom Homes - Statesville #664 PHONE: Business 704-872-0179 Home

ADDRESS 1270 Northside Dr. Statesville NC 28677

LOCATION 115S, TL Faith Rd, TR Midway Lake Rd, Lot on Right (142)

SUBDIVISION BLOCK / SECTION LOT 20 LOT AREA .66AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .8

Septic Tank: 1000 Gallons: STB 760 Date 11-19-08

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 450' Linear Feet 150'

No Lines 2 Trench Width 3' Max Trench Bottom Depth 3'

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

System Description: 25% Reduction

Repair System Description: PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Persons No. Employees

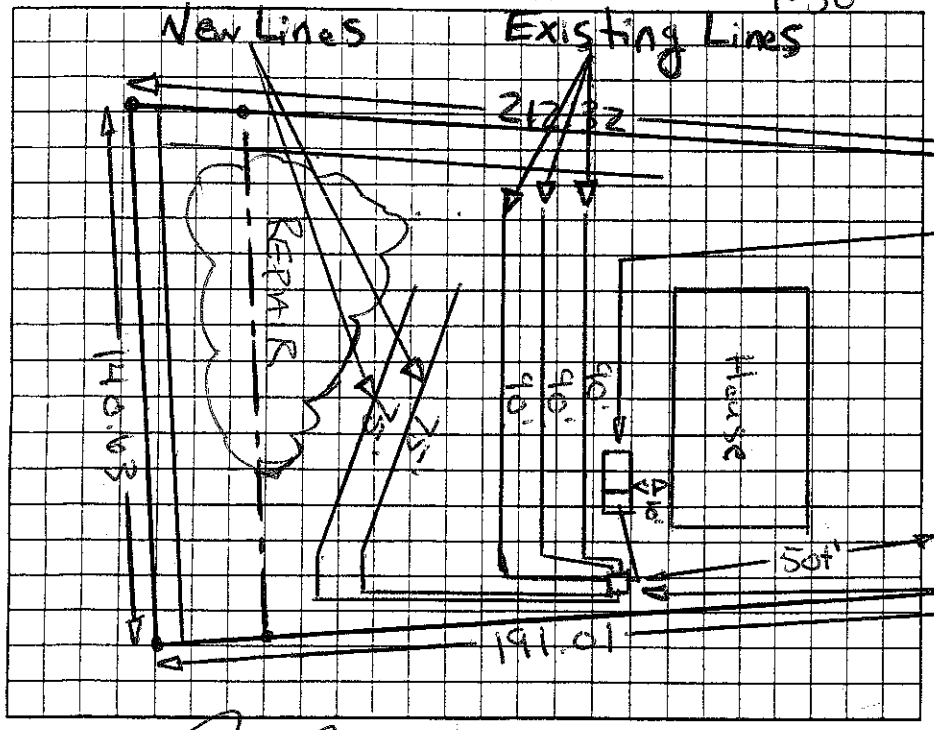
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth — ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

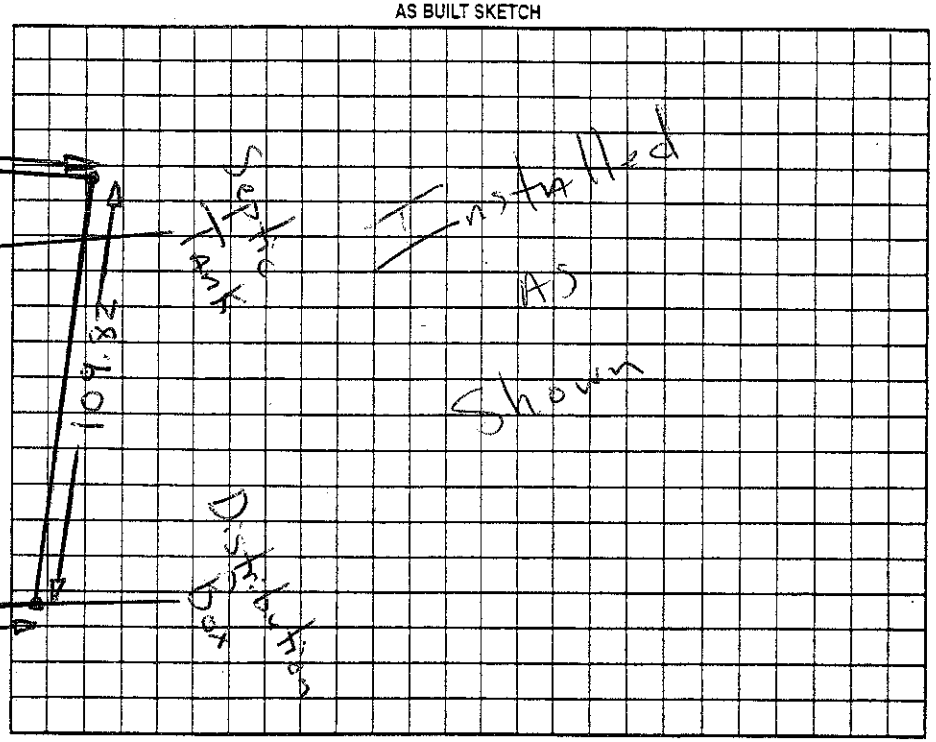
Comments:/Conditions:

Comments:/Conditions: Dig out 10' of each existing line/ Add 2@75' lines on contour / Keep D-box + Supply line min 5' off property line / Use speed levelers in D-box / House must be set 10' from tank

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 plan 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 1-29-08 Installed by: date

Improvement Permit by: date Jan-28-08 Operation Permit by: date Jan-31-08

Authorization to Construct by: date Jan-28-08 Existing System Inspection by: date

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