IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220913

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

PIN # 4656-14-8701 ✓

APPLICANT: FREEDOM HOMES APPLICANT ADDRESS: 1124 CHARLOTTE HWY.

SITE ADDRESS: 243 FOURSQUARE RD. MOORESVILLE PHONE: 704-528-7960 ALT. PHONE:

SITE DIRECTIONS: 115 S, TR FOURSQUARE, ON L

SUBDIVISION: Deena Whitlow Christy SECTION: LOT # — LOT AREA: 3.883 AC DESIGN FLOW: 360 L.T.A.R.:

Septic Tank EXISTING (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields EXISTING # Lines Linear Ft:

Trench Width Max. Trench Bottom Depth Gravel Depth

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

System Description: GRAVEL RED

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☑ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

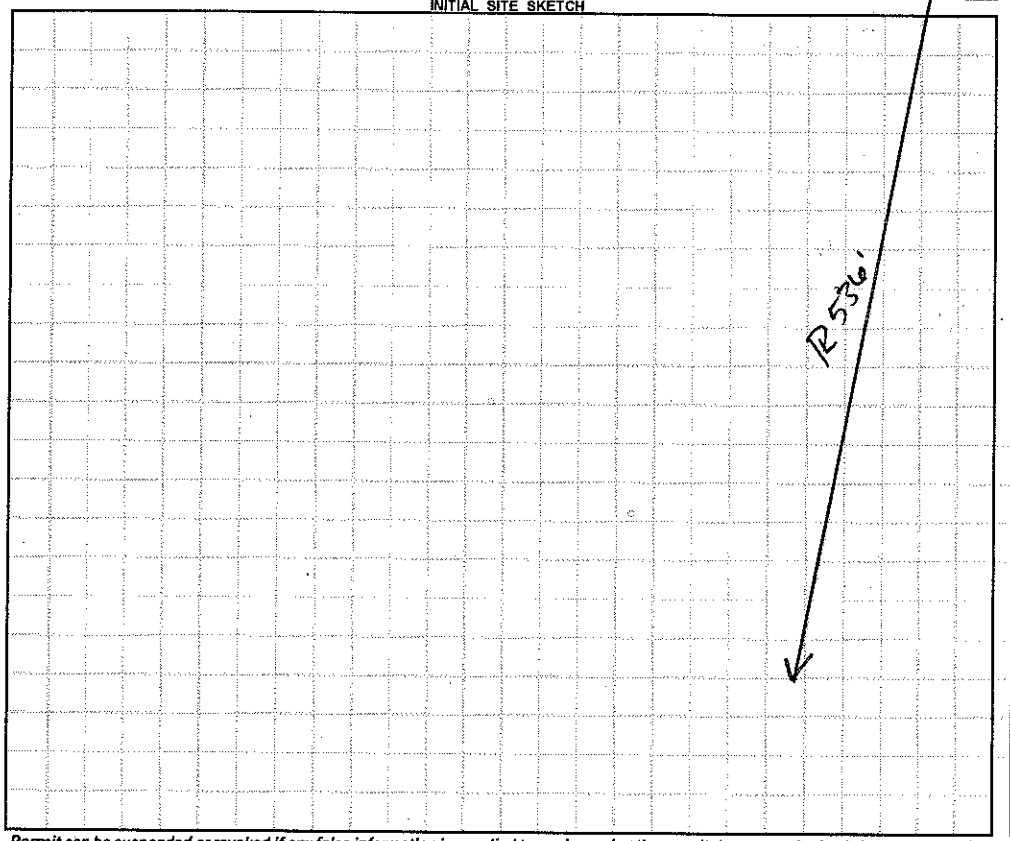
☒ Private

☐ Public

☐ Community

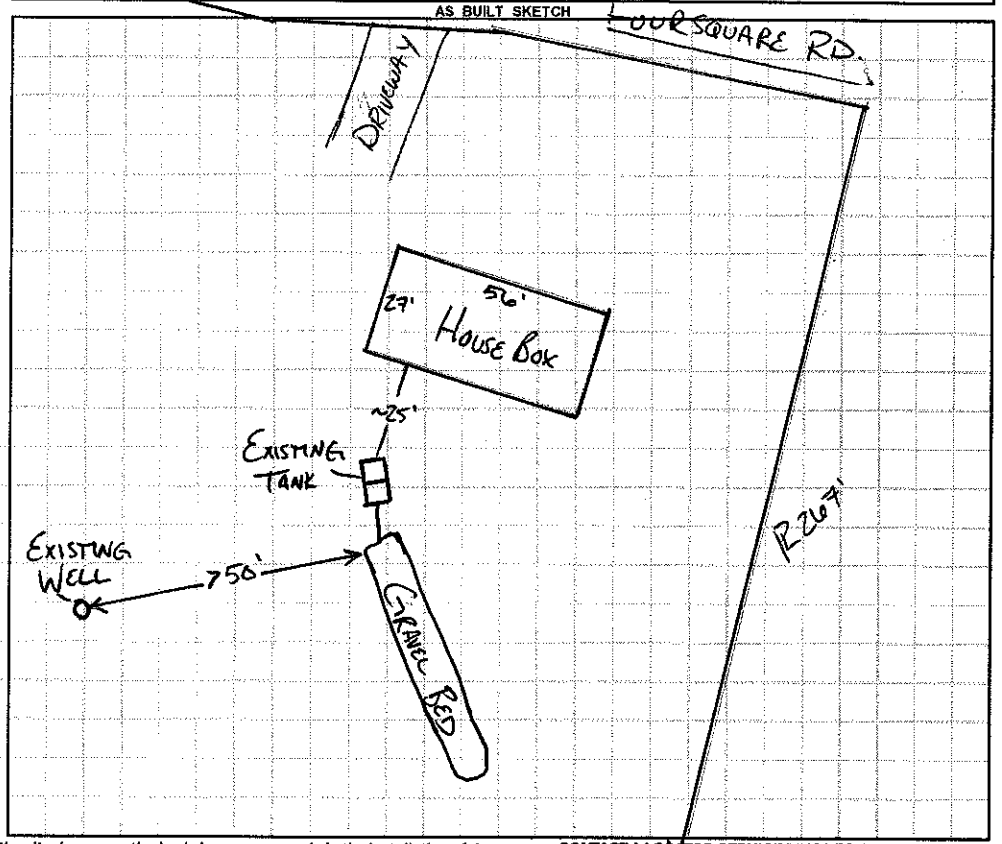
Comments / Conditions: 2 BR APPLIED FOR BUT SEPTIC ORIGINALLY DESIGNED FOR 3BR

INITIAL SITE SKETCH



1"=50'

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. **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: Kimberly Spencer Date: 9-15-16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: BA Date: 9-15-16

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