3.5

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213031

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

PIN # 4659-61-4887.000 4876

APPLICANT: FREEDOM HOMES / COM APPLICANT ADDRESS: 1042 CHARLOTTE HWY, TROUTMAN NC

SITE ADDRESS: 135 SANDSTONE LP, MOORESVILLE NC PHONE: 704-883-6148 ALT. PHONE:

SITE DIRECTIONS: HWY 21 TOWARD TROUTMAN, TR SANDSTONE LP, SITE STRAIGHT BACK

SUBDIVISION: SECTION: — LOT # — LOT AREA: .470 ACRE DESIGN FLOW: EX. 360 GPD T.A.R.: — EXISTING

Septic Tank	EXISTING	(gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	EX. 3	Water Supply
Pump Tank		(gal)	PT		Date		System Description: EXISTING CONVENTIONAL - GRAVITY		☐ Business	No. Persons	EX 6	☑ Private
Pump Make		Model			Serial #		Repair System Description: LP - PP LSPS		☐ Other	No. Employees		☐ Public
# Nitrification Fields	EX.	# Lines	EX 4		Linear Ft:	EX	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☑ Crawl Space		☑ Community
Trench Width	EX	Max. Trench Bottom Depth	EX		Gravel Depth	EX	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: SYSTEM ASSUMED TO BE FUNCTIONING @ TIME OF INSPECTION.

IF CONNECTED TO A COMMUNITY WELL, COMMUNITY WELL MUST BE 100' FROM ANY SEPTIC SYSTEM.

INITIAL SITE SKETCH

DRIVEWAY TO SANDSTONE LP.

AS BUILT SKETCH

1" = 40'



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: [signature] Date: 11-2-15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 10/27/15

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