IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214108

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

PIN # 4665-97-9981.000

APPLICANT: Eric Wood / Freedom Homes APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC

SITE ADDRESS: 1434 Rocky River Rd Mooresville NC PHONE: 704-578-7966 ALT. PHONE: 704-883-6149 704-397-7205

SITE DIRECTIONS: Hwy 3 S, TR Rocky River Rd., Site on L

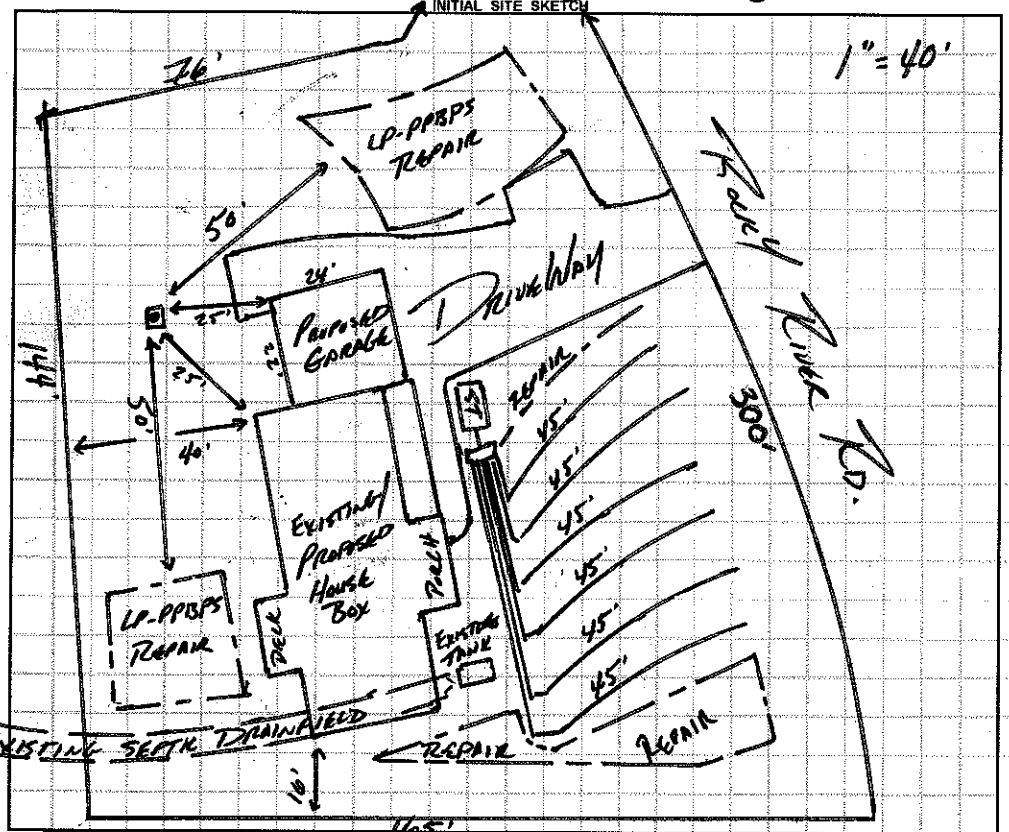
SUBDIVISION: — SECTION: — LOT # — LOT AREA: DESIGN FLOW: 360 GPD. L.T.A.R.: .225

Septic Tank	1000 (gal)	STB	1012	Date	2/2/16	☐ New System ☐ Repair ☒ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description: PPBPS - Gravity (with Equal)		☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description: LP-PPBPS + Conventional/Ex.		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6 @ 45'	Linear Ft:	270'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	24"	Max. Trench Bottom Depth	*23"*	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Crush & Fill Existing Septic Tank And Set New Tank To To Feed Gravity Panels. Parallel Distribute To New Lines. From Distribution Box. If Existing Septic / Drainfield Is Used In The Case Of Repair, It Will Need To Be Earth & Dammed 10' From Property Line And 5' From Building Structure. 1/25/16 Reviewed Floor plan in Compliance with I.P.

INITIAL SITE SKETCH



AS BUILT SKETCH

* 5" ADDITIONAL COVER * WILL NEED TO BE USED

- INSTALLED AS DRAWN.
- SHED IN REPAIR AREA WILL NEED TO BE REMOVED IN THE CASE OF USING REPAIR.
- EXISTING TANK CRUSHED & FILLED.
- 6" FILL USED TO COVER DRAINFIELD.

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: 1-21-16 Installed by: Ring Thompson

IMPROVEMENT PERMIT by: APPROVED Date: JAN 13 2016 OPERATION PERMIT by: APPROVED Date: APR 18 2016

AUTHORIZATION TO CONSTRUCT by: Date: 1/25/16 Existing System Inspected by: Date:

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