IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 177444

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

PIN # 4676462657

APPLICANT: CMH Freedom Homes (Eric Wood) APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman, NC

SITE ADDRESS: 142 Lakewind Dr Mooresville, NC PHONE: 704883-6148 ALT. PHONE: 704 664-8053

SITE DIRECTIONS: Hwy Main St N. TR Linwood TL Brumley Rt on Quail Hill TR Lakewind at end

SUBDIVISION: Quail Hill SECTION: 2 LOT # 21 LOT AREA: 1.4 Ac DESIGN FLOW: 360gpd L.T.A.R.: .25

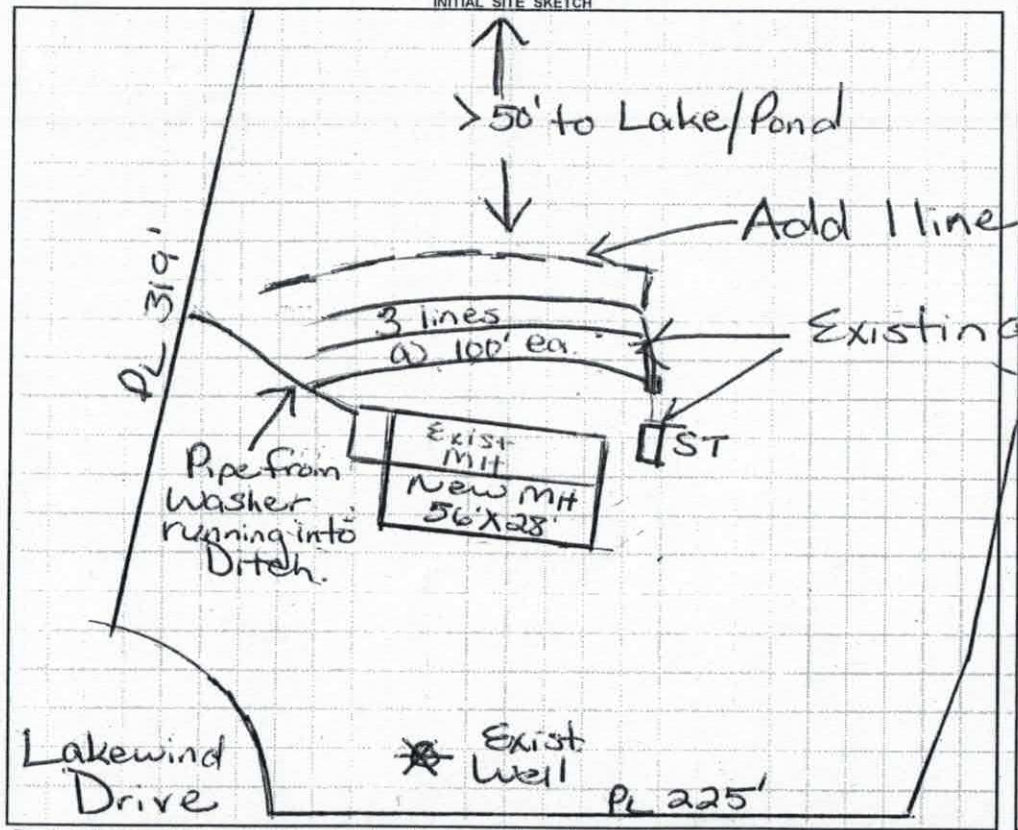
Existing Add 1

Septic Tank	1000 (gal)	STB	Date	☐ New System	☐ Repair	☒ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description: Gravity - Conventional				☐ Business	No. Persons		☒ Private
Pump Make	Model		Serial #	Repair System Description: Pert. Gravity - 25% Reduction				☐ Other	No. Employees		☐ Public
# Nitrification Fields 1	# Lines 1		Linear Ft. 100 ft	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width 36"	Max. Trench Bottom Depth 22"		Gravel Depth N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Add 1 line of 25% Reduction below Drainfield to handle washer machine discharge.

** Remove illegal washer machine discharge pipes & backfill. All sewage must be connected to Septic tank & Drainfield.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

25% Reduction @ 100ft (serial dist).

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: Eric Wood Date: 4/15/13 Installed by: Tommy Fry

IMPROVEMENT PERMIT by: RS Date: 4/15/13 OPERATION PERMIT by: RS Date: 4-17-13

AUTHORIZATION TO CONSTRUCT by: RS Date: 4/15/13 Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ___ Improvement Permit ___ Authorization To Construct ✓ BOTH ✓ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
ERIC WARD / FREEDOM HOMES	1124 Charlotte Hwy Troutman NC	704-883-6148	704 528-7960
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
PATRICIA HICKS	142 LAKWIND DR. MOORESVILLE NC	704-664-8053	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
142 LAKEWIND DR.		

Driving Directions: HWY 115 TO MOORESVILLE SLIGHT LEFT ON W STATESVILLE AVE LEFT ON MAIN ST RT ON LINWOOD LT ON BRUMLEY RT ON QUAIL HILL RIGHT ON LAKE WIND LT ON RIGHT AT END OF CULDESAC

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms 2

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) Existing system--installed in ___ YEAR

( ) Alternative ( ) Conventional (✓) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. Please Answer The Following To The Best of Your Ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: E W — 3-4-13

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE