# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 161216 PIN # 4677348219 DATE 6-8-2010

OWNER or APPLICANT Khouanetea Phonesavah / Freedom Homes PHONE: Business 704 528-7785 Home: 704 905 1525

OWNER or APPLICANT ADDRESS 328 Winthrow Creek Mooresville NC

LOCATION / DIRECTIONS Hwy 150 East TR Alexander Acres near end on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT # _____ LOT AREA .668Acre DESIGN FLOW 360gpd L.T.A.R. —

Exist

Septic Tank _____ Gallons: STB _____ Date _____

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

Exist

Nitrification Field No Fields 1 No Lines _____ Linear Feet Bed

Trench Width _____ Max. Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Exist Gravity-Gravel Bed

Repair System Description: _____

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons _____

☐ Other No. Employees _____

☐ Slab ☒ Crawl Space

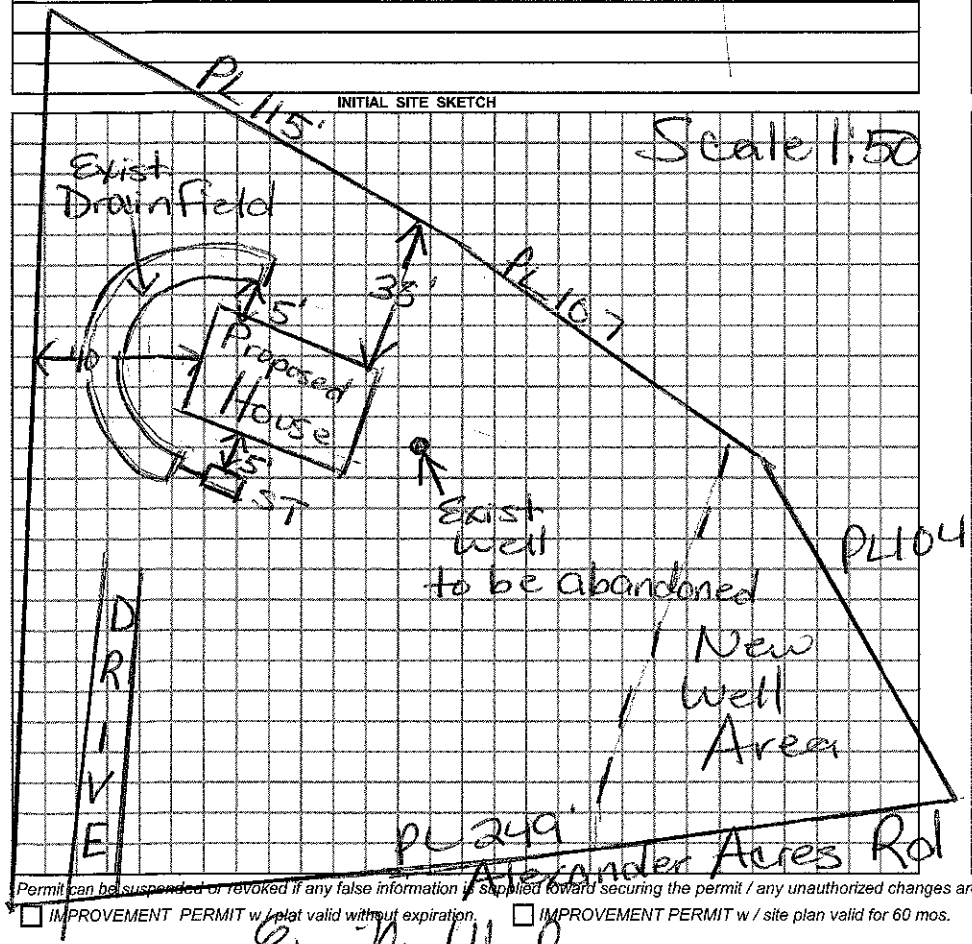
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions

Comments / Conditions: Existing Septic System appears to be functioning. Okay at time of inspection. Must keep new home at least 5ft from Septic System

INITIAL SITE SKETCH




Scale 1:50

AS BUILT SKETCH

No Vehicular traffic over ST and 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.*

☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / 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 6-8-10

Improvement Permit by: _____ Date _____

Authorization to Construct by: _____ Date _____

***YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.***

Installed by: _____

Operation Permit by: _____ Date: _____

Existing System Inspected by: [signature] REHS Date 6/8/2010

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant