IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 154515 PIN # 4079431337 DATE 1/30/09

OWNER or APPLICANT Freedom Homes / Richard St. John PHONE: Business 704.746.4778 Home: Same

OWNER or APPLICANT ADDRESS 1579 Mt. Ulla Hwy, Mooresville, NC 28115

LOCATION / DIRECTIONS 801 N, on left before Mazeppa Rd. (1579 Mt. Ulla Hwy).

SUBDIVISION — BLOCK / SECTION — LOT # — LOT AREA 0.85 acres DESIGN FLOW 360 gal/d L.T.A.R. 0.3

Septic Tank existing Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 2 new Linear Feet 120

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth existing ☑ GRAVITY ☐ PRESSURE

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

System Description: existing stan. conv / new 25% reduction gravity

Repair System Description: 25% gravity / pump

Maintenance Agreement Required ☐ YES ☑ NO

☑ Residence No. Bedrooms 3

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☑ Crawl Space

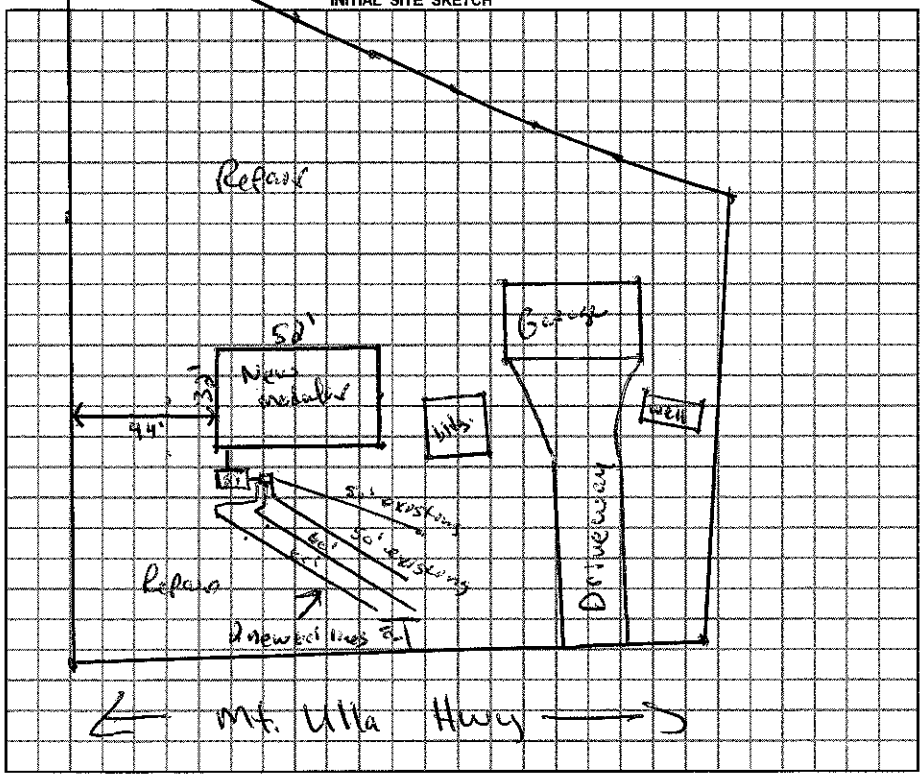
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions * Adding 2 new 25% reduction lines total of 120'
* Replace D-box w/ new D-box & flow dividers

Comments / Conditions * Install on contour / maintain all setbacks

INITIAL SITE SKETCH



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.

☐ *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 2-2-09

Improvement Permit by: [signature] Date 1/30/09

Authorization to Construct by: [signature] Date 1/30/09

Installed by: A-1

Operation Permit by: [signature] Date: 2/5/09

Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

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