IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212797

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

PIN # 4702865334

APPLICANT: Freedom Homes (Eric Ward) APPLICANT ADDRESS: 1124 Charlotte Hwy Mooresville NC

SITE ADDRESS: 109 Montaingne Ln Statesville NC PHONE: 704-883-6148 ALT. PHONE: 704-883-2503

SITE DIRECTIONS: old mtn Rd T/R Buffalo Shoals T/R Fetola Rd T/R Montaingne Ln

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.738ac DESIGN FLOW: 360 L.T.A.R.: Ex

Septic Tank	Ex	(gal)	STB		Date								
Pump Tank		(gal)	PT		Date								
Pump Make			Model		Serial #								
# Nitrification Fields	Ex		# Lines	Ex	Linear Ft:	Ex							
Trench Width	Ex		Max. Trench Bottom Depth	Ex	Gravel Depth	Ex							

[X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI

System Description: Existing

Repair System Description: 50% Reduction

Maintenance Agreement Required: [ ] YES [X] NO

[Y] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 3

[ ] Business No. Persons 6

[ ] Other No. Employees

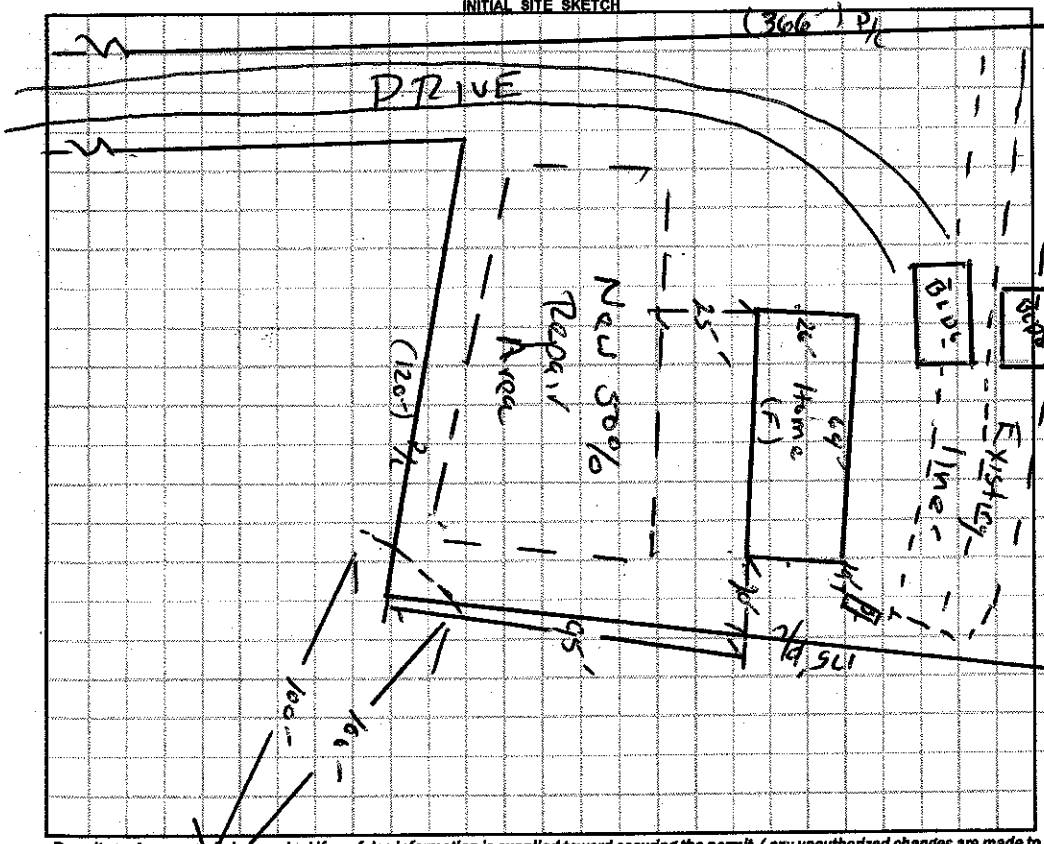
[ ] Slab [Y] Crawl Space

[ ] Basement w/plumbing [ ] Basement w/o plumbing

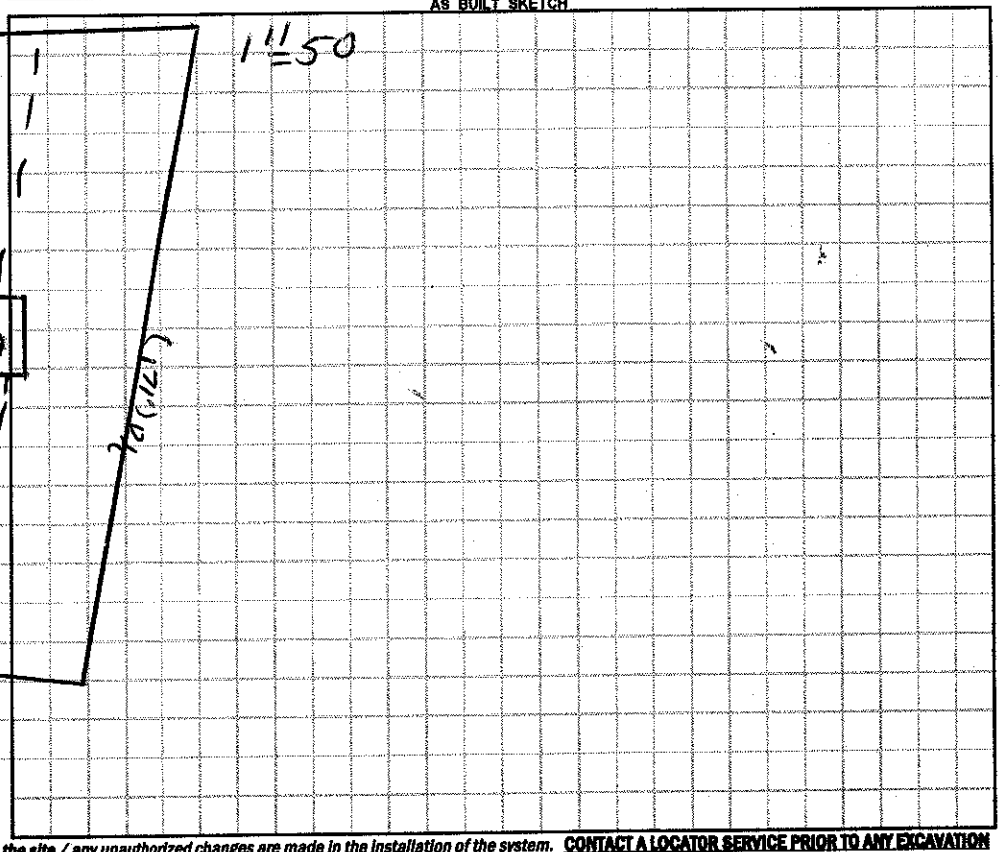
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: The Purpose of this permit is to re designate repair area to front.

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

[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 10/07/15

IMPROVEMENT PERMIT by: [signature] Date: 10/07/15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10/07/15

Installed by: System Installed previously

OPERATION PERMIT by: [signature] Date: 10/12/15

Existing System Inspected by: Date:

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