IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111718 PIN# 4719-74-3404 DATE 3/13/03

OWNER OR CONTRACTOR Freedom Homes- (Troutman) PHONE: Business (704) 528-9449 Home —

ADDRESS 1018 Charlotte Hwy, Troutman, N.C. 28166

LOCATION Hwy 115 N. @ on Midway Rd on Left past Laura Jeanne Dr.

SUBDIVISION Mtn View Est BLOCK / SECTION ____ LOT 41 LOT AREA 1.03 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1,000 Gallons; STB 1612 Date 4-24-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 540
No Lines Six (6) Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☒ Repair System Type: I, II, III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: Conv. Gravity / Pump
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

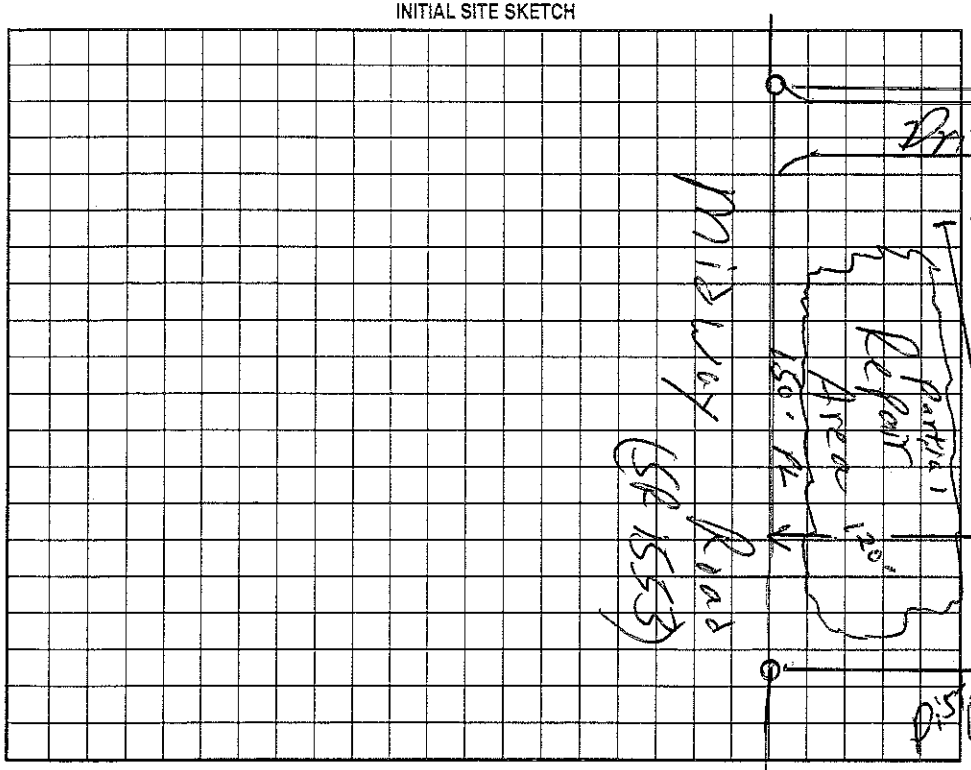
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community
well

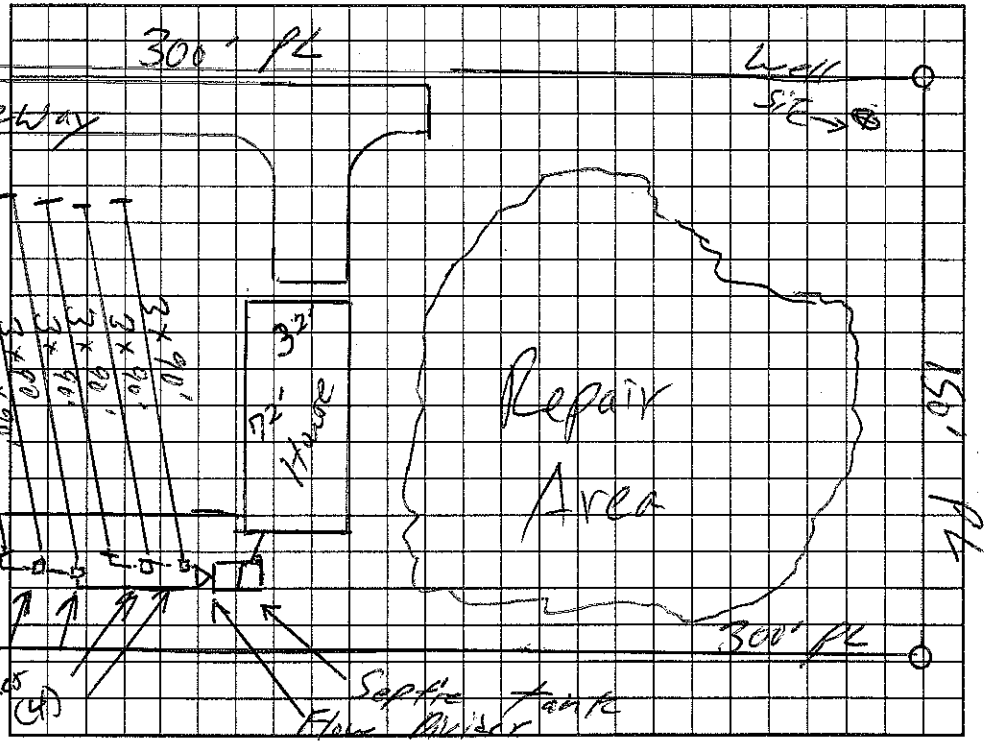
Comments:/Conditions:

Comments:/Conditions:
① Maintain proper setback House to ST Rd.
② Existing System NOT in use at time of Inspection, appears to be performing Satisfactory.
(Ref: R. Moore 1/6/99)

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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: ____ date ____ Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: William O. Johnson date 3/13/03

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK