ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-325027

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

PIN # 4726-87-5264

APPLICANT/OWNER: ANITA FAYE FREEZE

APPLICANT ADDRESS: 2055 ACADEMY STREET, SUITE #B, MOORESVILLE, N.C. 28115

SITE ADDRESS: (N) ON 115, LOT ON (R)

PHONE: 704-664-0756 ALT. PHONE —

SITE DIRECTIONS: 2510 WILKESBORO HIGHWAY, STATESVILLE, N.C. 28625

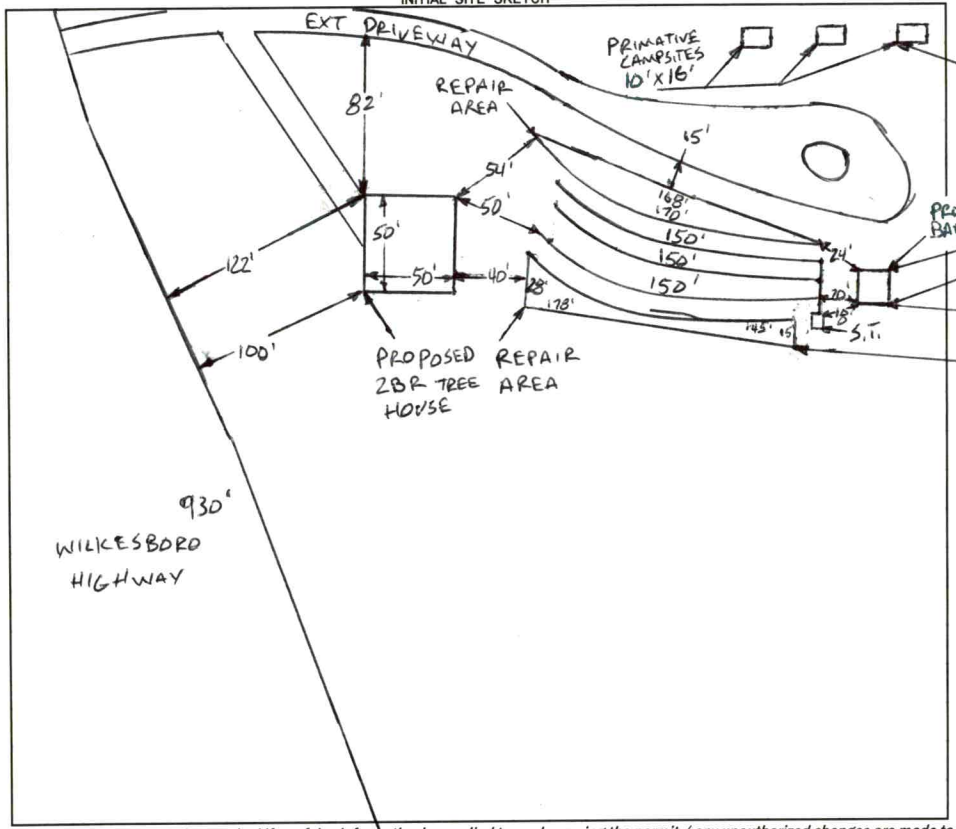
SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 15.448 AC DESIGN FLOW: 540 GPD L.T.A.R.: 0.3

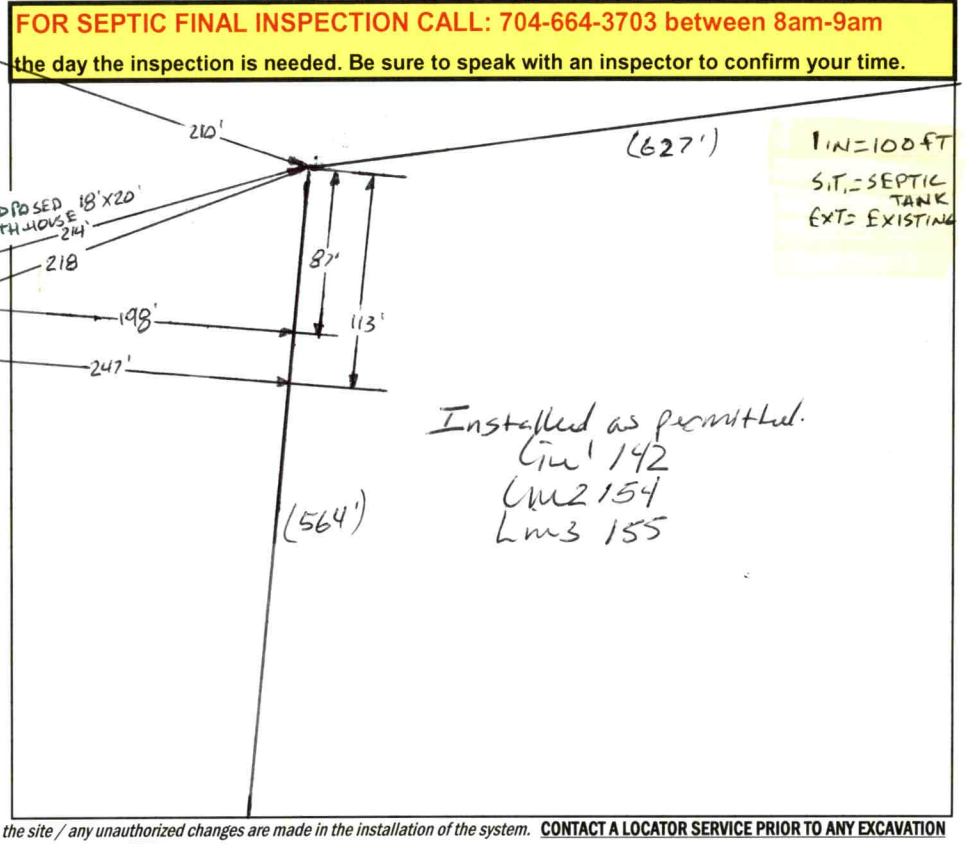
Septic Tank	1250 (gal)	STB	964	Date	9-20-2023	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 2	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description:			25% REDUCTION	☐ Business	No. Persons	☐ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:			50% REDUCTION	☑ Other	No. Employees	☑ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	450FT	Maintenance Agreement Required:	☐ YES	☑ NO		☑ Slab	☑ Crawl Space 3 CAMPSITES	☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	20 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH UTILIZE COVER STABILIZATON PLAN

INITIAL SITE SKETCH



AS BUILT SKETCH



FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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 EXCEDATION**

☐ **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: Faye Freeze Date: 5-9-2022 Installed by: Lutz Wastewater

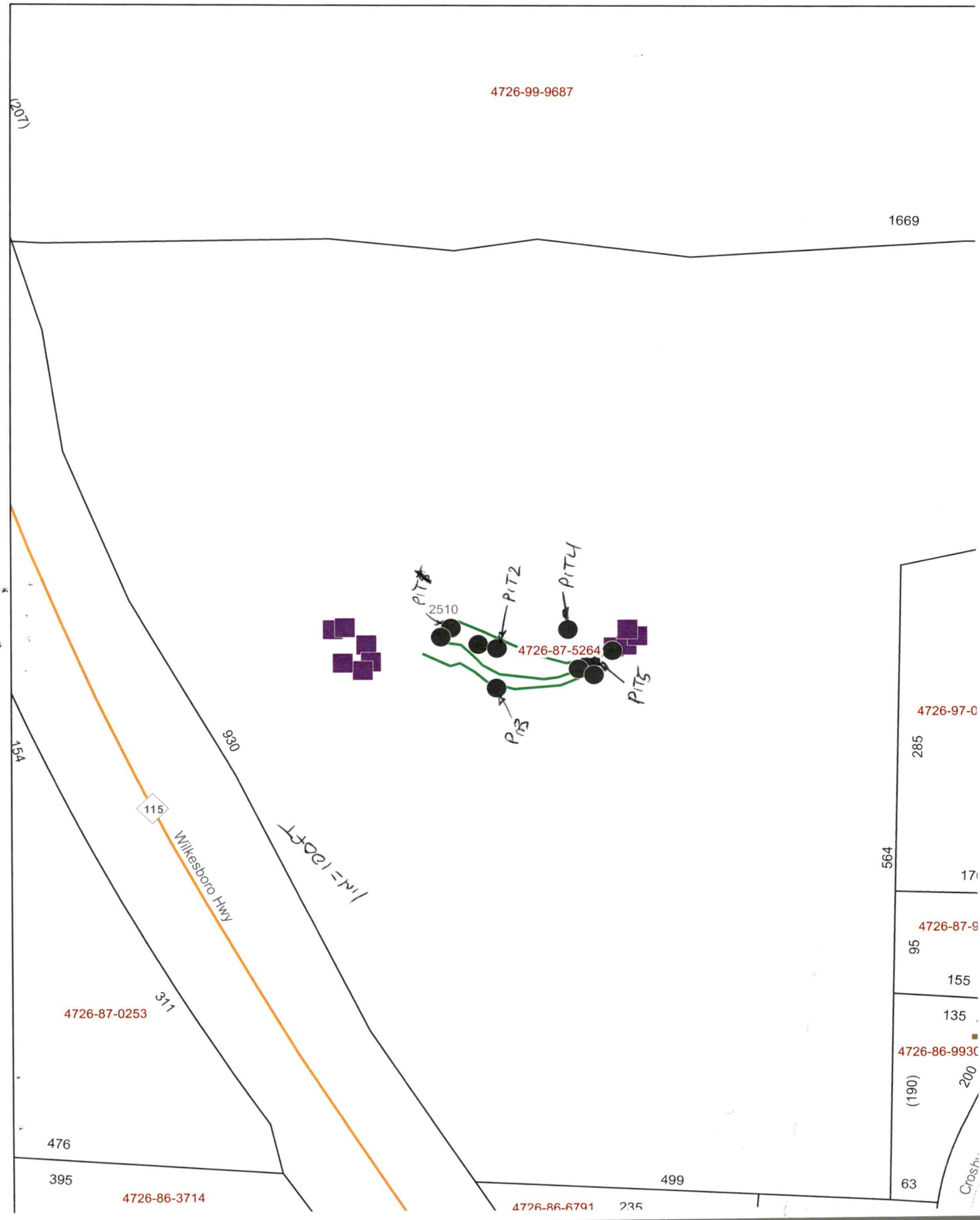
IMPROVEMENT PERMIT by: Bryant C. White Date: 5-9-2022 OPERATION PERMIT by: Benjamin A Botts Date: 6-1-2023

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 5-9-2022 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


4726-99-9687
(207)
1669
PIT1
2510
PIT2
PIT4
4726-87-5264
PIT5
PIT3
930
154
115
Wilkesboro Hwy
311
4726-87-0253
476
395
4726-86-3714
499
4726-86-6791
235
564
285
4726-97-0
95
155
135
4726-86-9930
(190)
200
63

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4726-87-5264
COUNTY: IREDELL

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Faye Freeze
ADDRESS: 2085 Academy St. Mooresville NC 28115
PROPOSED FACILITY:
LOCATION OF SITE: 2580 Wilkesboro Highway Statesville
APPLICATION DATE: 1-31-22
DATE EVALUATED: 4-4-22
PROPOSED DESIGN FLOW (.1949): 240
PROPERTY SIZE: 15.448 AC
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	Head Slope 20%	0-41	SC/WSBK	SS/SP/VFR/SExp	~~10YR~~ 7.5YR 3/4	71"	N/A	N/A	UP.S .3
		41-71	SC/SBK	SS/SP/FR/SExp	7.5YR 4/6				
2	Head Slope 18%	0-29	CL/WSBK	SS/SP/FR/SExp	7.5YR 4/6	48"	N/A	N/A	UP.S .3
		29-48	C/SBK	SS/SP/FR/SExp	5YR 5/8				
3	Head Slope 20%	0-25	CL/WSBK	SS/SP/FR/SExp	7.5YR 4/6	48"	N/A	N/A	UP.S .3
		25-48	C/SBK	SS/SP/FR/SExp	5YR 5/8				
4	Head Slope 22%	0-34	SCL/WSBK	SS/SP/FR/SExp	5YR 5/8	48"	N/A	N/A	UP.S .3
		34-48	C/SBK	SS/SP/FR/SExp	5YR 5/8				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	~~PS~~
System Type(s)	25%	50%
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Holland
OTHER(S) PRESENT: B. White B. White C. White

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

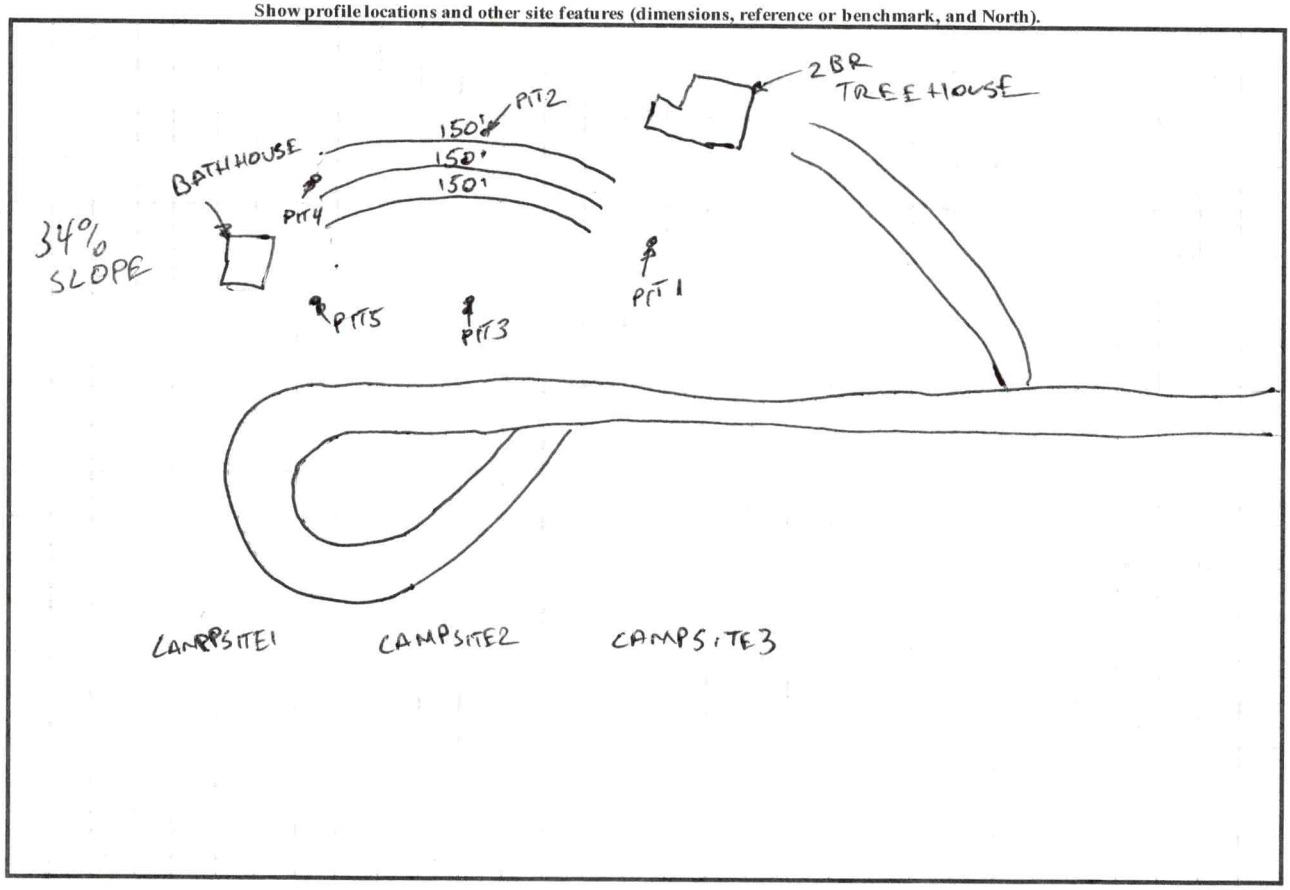
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



0 - 26 - SCL SS/SP/FR/SEXP

26 - 48 - C SS/SP/FR/SEXP

48" N/A N/A + P.S .3

APRIL 4TH @ 9:30

RECEIVED JAN 3 1 2022

MW
BW

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-325027 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

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 an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Faye Freeze Address: 205 E Academy St #8 Mooresville Zip: 28115

Applicant Email: _____ Phone: 704-664-0752 Alt. Phone: _____

Owner Name: Same Address: Same Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 2510 Wilkesboro Hwy at 4th Creek

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Drive Located just before guard rail at 4th creek Bridge on Right side of 155 Leaving Statesville

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 1 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 3 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 9 acres Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 3

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: Faye Freeze 1-28-2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

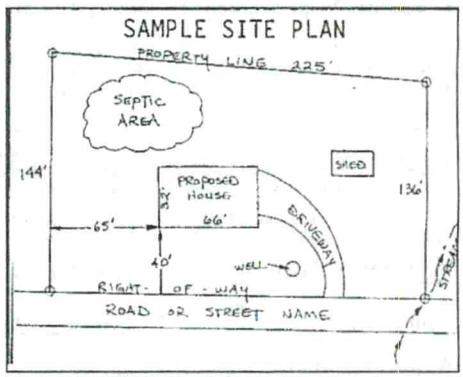
325027

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

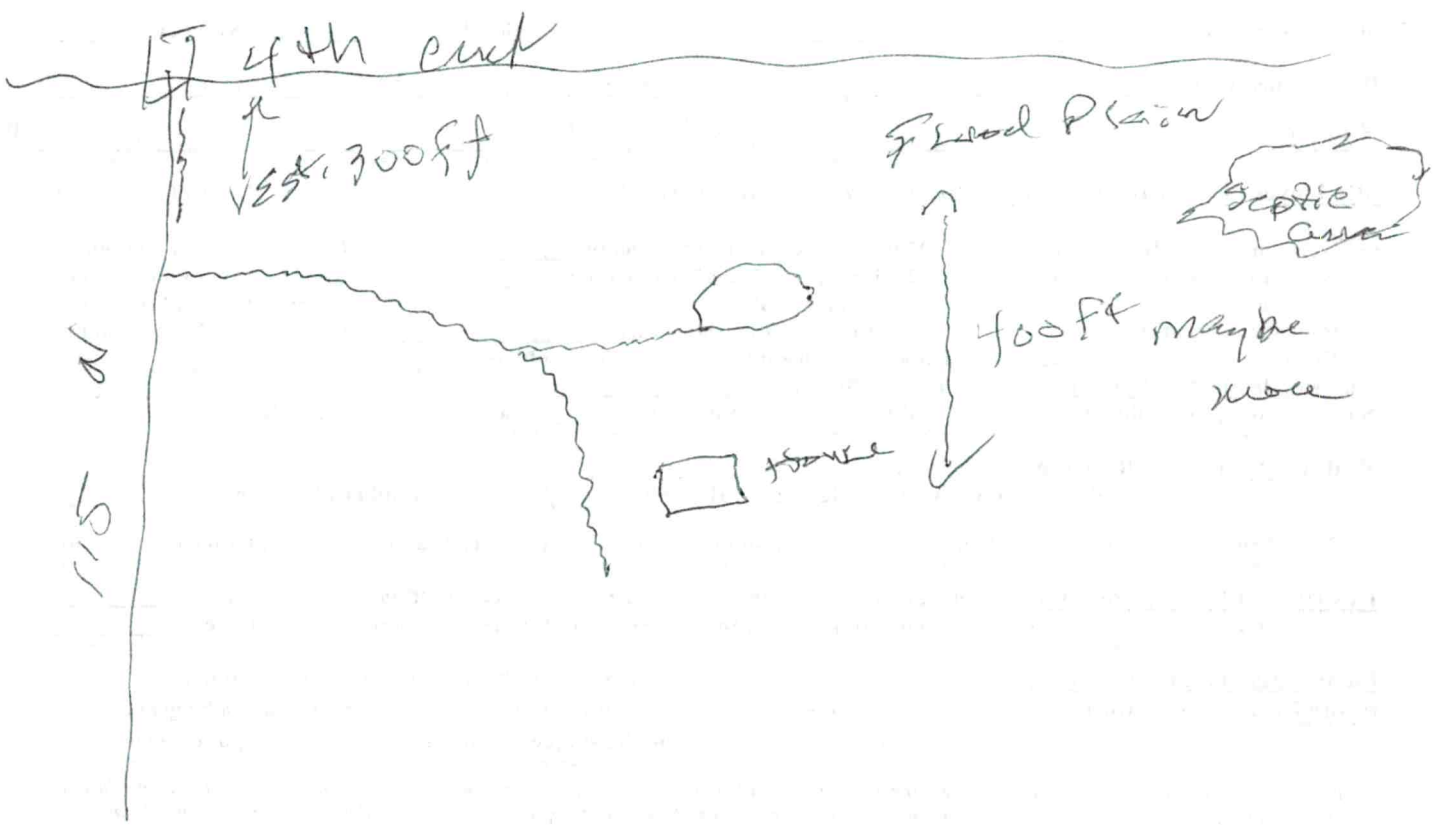
- ( ) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Faye Troy

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

1-28-2022

DATE

325021

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Faye Freeze

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*
In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ **2.** I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

325027

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

FF **Complete all Environmental Health forms**:

_____ Application
_____ Site Plan including the dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

FF **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

FF **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

FF **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

FF **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Jaye Freeze **Date** 1-28-2022

Questions? Contact the Environmental Health Offices below:

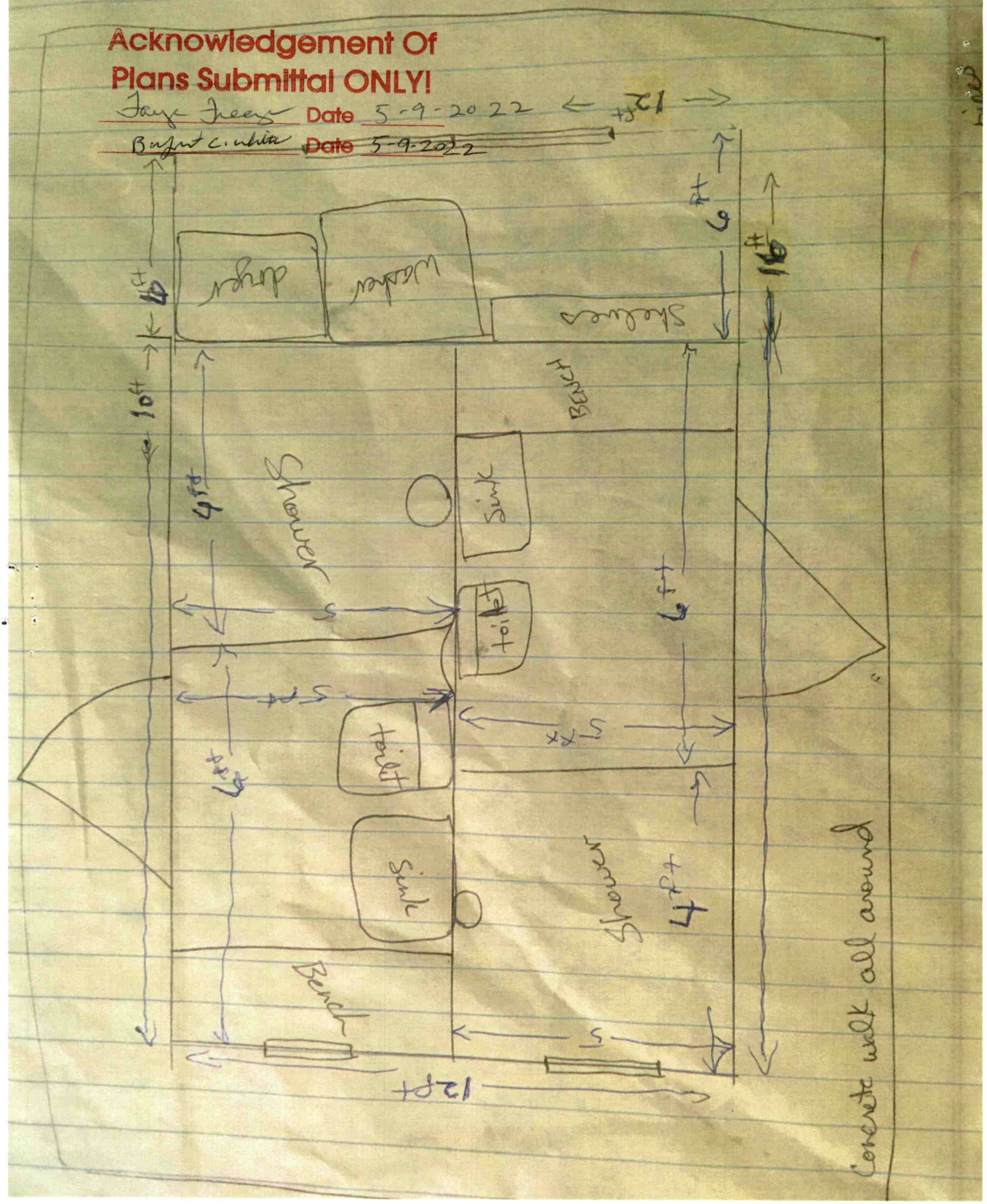
Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

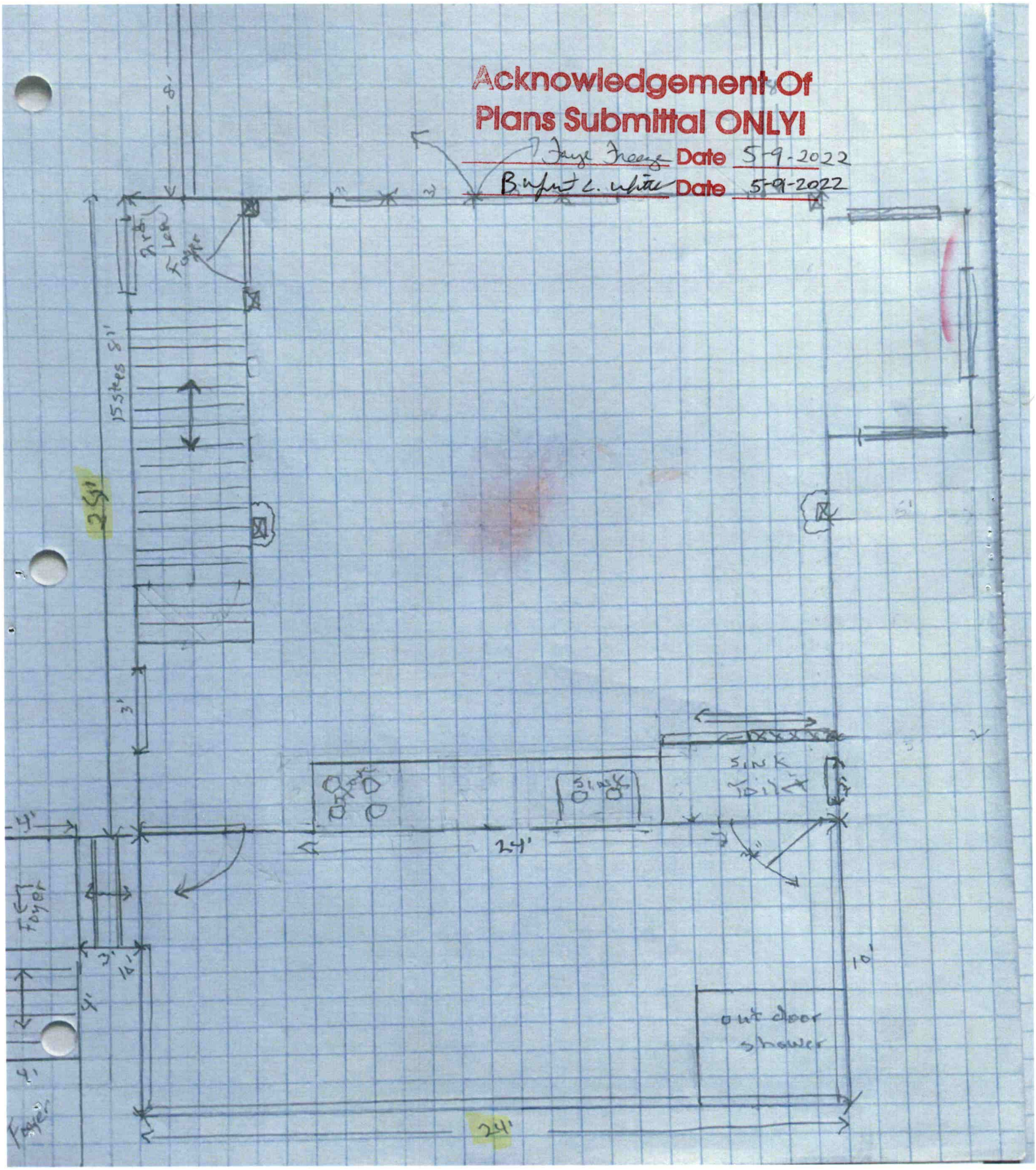
Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

Acknowledgement Of
Plans Submittal ONLY!

Jaye Freeze Date 5-9-2022

Buffet Cubita Date 5-9-2022

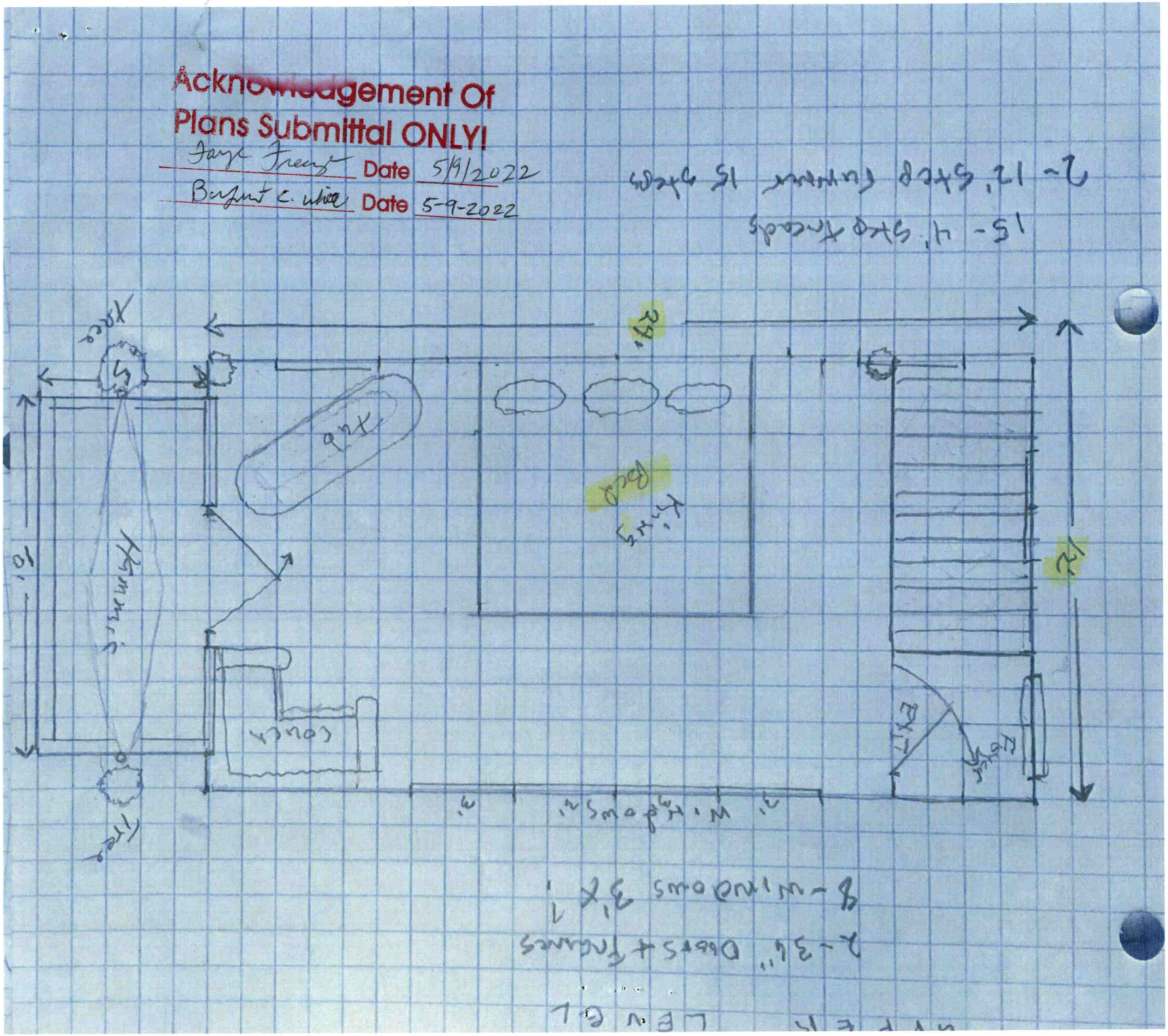



Acknowledgement Of
Plans Submittal ONLY!
Faye Fraze Date 5-9-2022
Buford C. White Date 5-9-2022
8'
3'
Grab Bar
Toilet
15 Steps 8'
25'
3'
SINK
TOILET
SINK
4'
24'
FRT Foyer
3'
14'
4'
4'
Foyer
10'
out door shower
24'

Acknowledgement Of
Plans Submittal ONLY!

Jayt Freund Date 5/9/2022

Bryant C. Ulrich Date 5-9-2022


Deck
Exit
Exit
Fence
Fence
Fence

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
325027 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4726875264.000	2510 Wilkesboro Hwy Statesville NC 28677	Iredell County

Owner Information	Applicant Information
Name: FREEZE ANITA F	Name: FREEZE ANITA F
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	50	15	N/A	YES

Remarks

2510 WILKESBORO HWY HSE ON PIERS

Lots with a perennial stream: Must meet both the 50-foot setback from the streambank and the 35-foot setback from the rear property line for any structure.
DO NOT BUILD IN FLOOD ZONE.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 01/28/2022

Signature of Owner/Contractor

Permit Number	325027	TOTAL FEES:	$77.25

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R14574

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$577.25**
AP-325027 Address: APN: 4726875264.000			**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:R14574			**$577.25**

Date Paid: Friday, January 28, 2022

Paid By: FREEZE ANITA F

Cashier: AP

Pay Method: CHECK 431

SUPERION

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-325027

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

PIN # 4726 -- 87 -- 5264

APPLICANT/OWNER: ANITA FAYE FREEZE | APPLICANT ADDRESS: 2055 ACADEMY STREET, SUITE #B, MOORESVILLE, N.C. 28115

SITE ADDRESS: (N) ON 115, LOT ON (R) | PHONE: 704-664-0756 | ALT. PHONE –

SITE DIRECTIONS: 2510 WILKESBORO HIGHWAY, STATESVILLE, N.C. 28625 | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: – | SECTION: – | LOT # – | LOT AREA: 15.448 AC | DESIGN FLOW: 540 GPD | L.T.A.R.: 0.3

Septic Tank	1250	(gal)	STB		Date				
Pump Tank	–	(gal)	PT	–	Date	–			
Pump Make	–	Model		–	Serial #	–			
# Nitrification Fields	1	# Lines	3		Linear Ft	450 FT			
Trench Width	36 IN	Trench Bottom Depth(Low side)		20 IN	Gravel Depth	–			

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

System Description: 25% REDUCTION

Repair System Description: 50% REDUCTION

Maintenance Agreement Required: ☐ YES ☑ NO

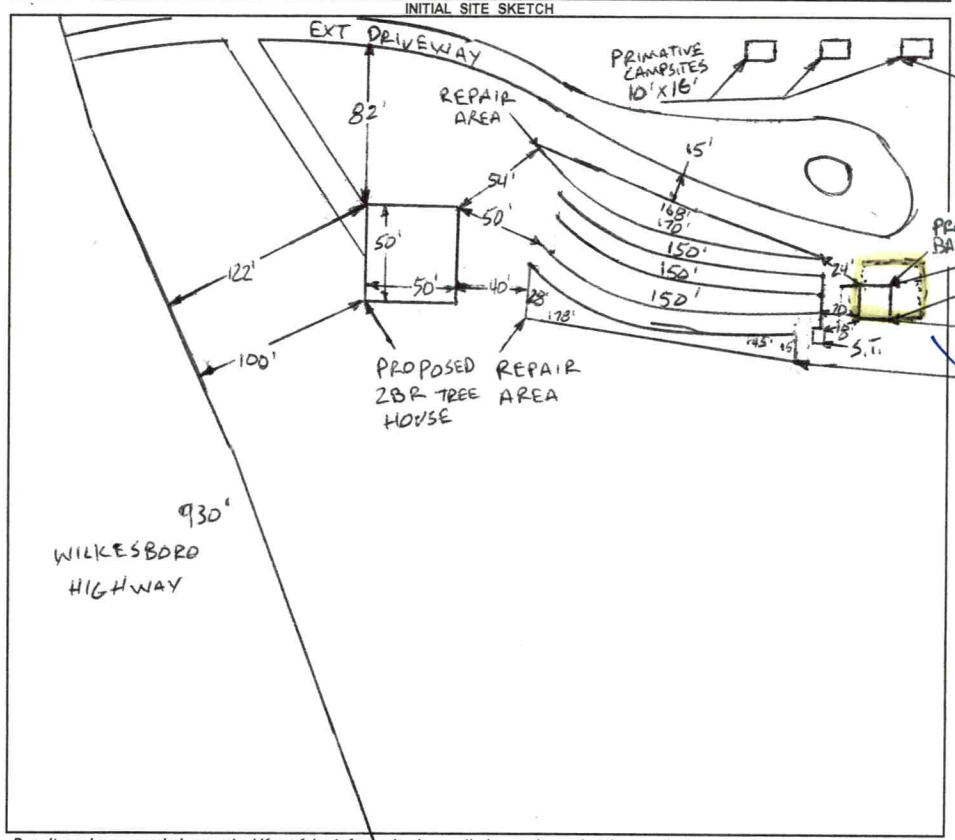
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 2 | ☐ Business No. Persons | ☑ Other No. Employees | ☑ Slab ☑ Crawl Space 3 CAMPSITES | ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

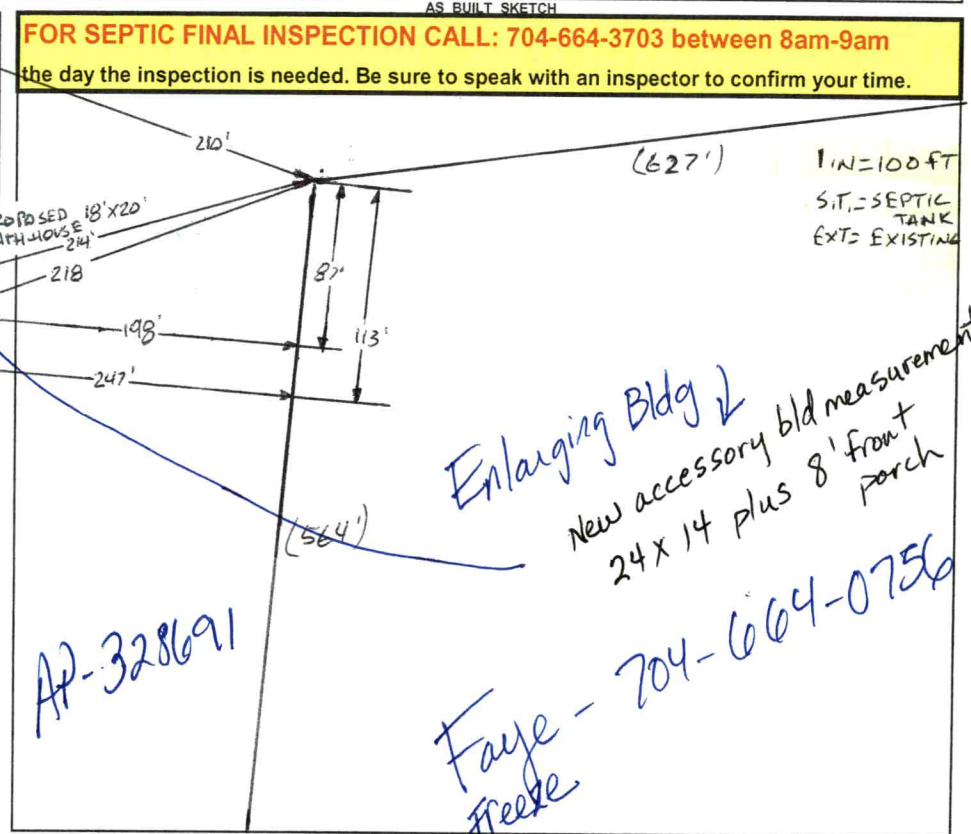
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH UTILIZE COVER STABILIZATON PLAN

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am
the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: Faye Freeze | Date: 5-9-2022 | Installed by:

IMPROVEMENT PERMIT by: Bryant C. White | Date: 5-9-2022 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Bryant C. White | Date: 5-9-2022 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

permit# 328691

parcel # 4726875264

Accessory Bldg 14'x24'

