2.00 ✓

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-[illegible]05 Mooresville Office (704) 660-3625 PERMIT # 203614

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

PIN # 4740-62-7938

APPLICANT: Freedom Homes of Troutman APPLICANT ADDRESS: 1134 Charlotte Highway Troutman NC 28116

SITE ADDRESS: 115 Clontz Hill Rd PHONE: 704-883-6148 ALT. PHONE:

SITE DIRECTIONS: Hwy 115 (21) N, TL on Flower House, TL on Clontz Hill, Lot on Left near intersection

SUBDIVISION: Henry Gray Lipe + Joyce T Lipe SECTION: LOT # 1 LOT AREA: 0.749 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	Date 5-16-14	☒ New System	☐ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	Gravity 25% Reduction			☐ Business	No. Persons	6	☒ Private
Pump Make		Model	Serial #	Repair System Description:	LP PPBPS			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines 3	Linear Ft: 360	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	NIA	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: ~~Field~~ Terraces should be removed before installation of Repair

Filter installed in ST
Installed essentially as drawn
Used Quick 4 & Distribution box

INITIAL SITE SKETCH

SEE DESIGN BY

S & ME (Carl Penninger)

(Dated 6-3-14, Approved 6-10-14)

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.* ☒ **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: [signature] Date: 6-17-14 Installed by: Tommy Frye

IMPROVEMENT PERMIT by: [signature] Date: 6-10-14 OPERATION PERMIT by: [signature] RS Date: 7/11/14

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 6-10-14 Existing System Inspected by: Date:

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