IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210659

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

PIN # 4743114035

APPLICANT: Freedom Homes APPLICANT ADDRESS: 1042 Charlotte Hwy

SITE ADDRESS: 105 Boyuer Ln. PHONE: 704-883-6148 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 S TL Cumberland TL Bluebird TR Skyuka TL Arlie LP to Apple Valley TR Boyuer Ln.

SUBDIVISION: Apple Valley SECTION: N/A LOT # 8 LOT AREA: 0.657 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.275

Septic Tank 1000 (gal) STB 760-1000 Date 5-4

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields 1 # Lines 5 Linear Ft: 332

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% Reduction

Repair System Description: 25% Reduction - Pump

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees ____

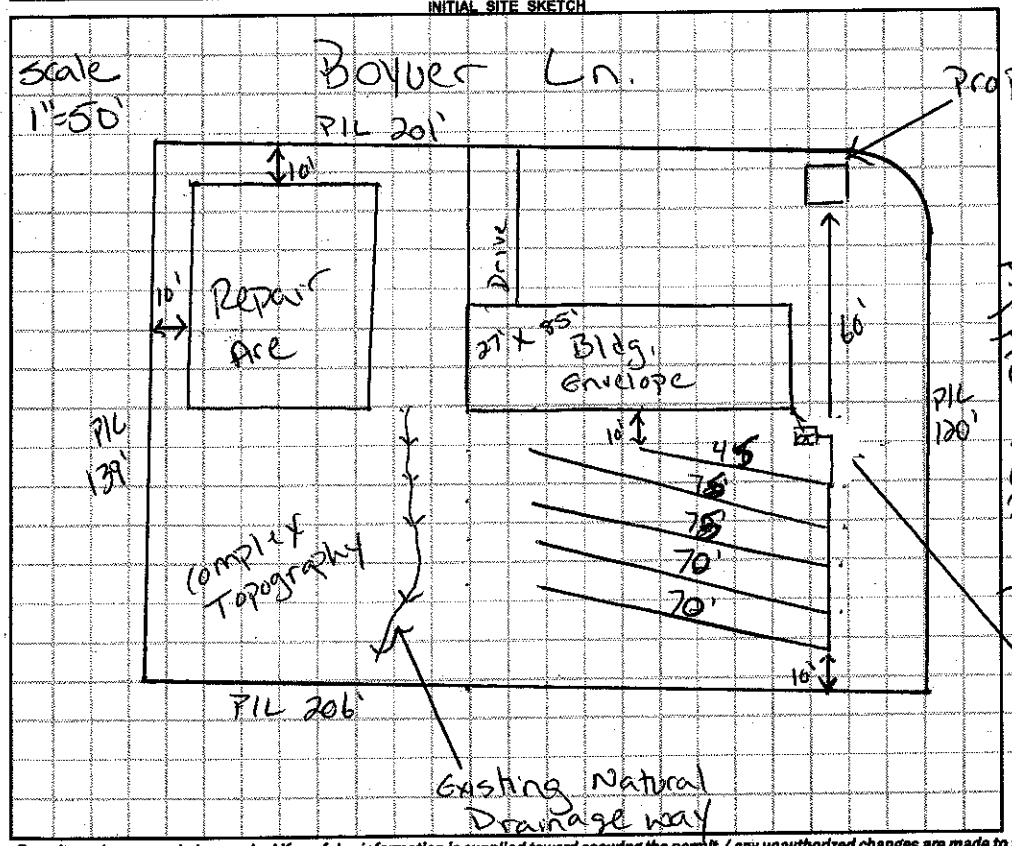
☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

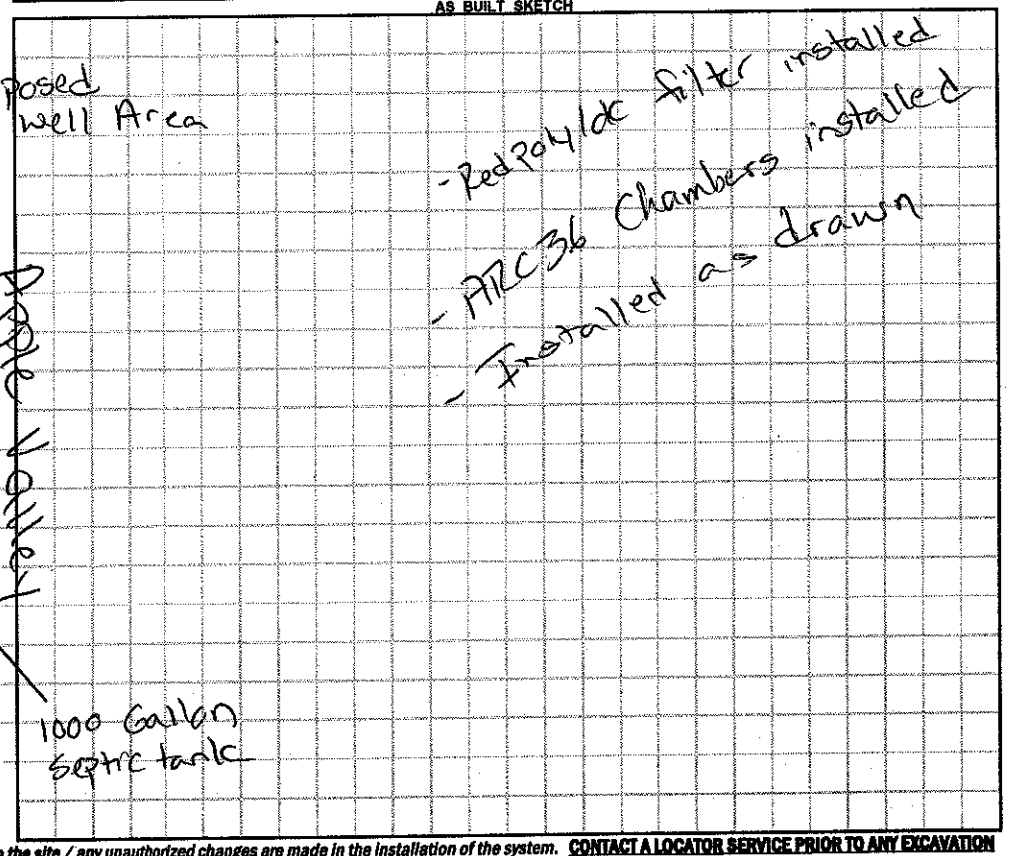
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install a 25% reduction system on contours with serial distribution.

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.* ☑ **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: 7-14-15

Installed by: Jim Akee

IMPROVEMENT PERMIT by: Justin Henderson Date: 6-23-15

OPERATION PERMIT by: Justin Henderson Date: 8-13-15

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 6-23-15

Existing System Inspected by: ____ Date: ____

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