5A

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215981

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

PIN # 4756-64-4938.000

APPLICANT: FREEDOM HOMES APPLICANT ADDRESS: 1128 CHARLOTTE HWY

SITE ADDRESS: 186 FEIMSTER PLACE LN. STATESVILLE NC PHONE: 704-881-2326 ALT. PHONE:

SITE DIRECTIONS: HWY 21, TR JANE SOWERS, TR FEIMSTER PLACE, CLOSE TO END ON L

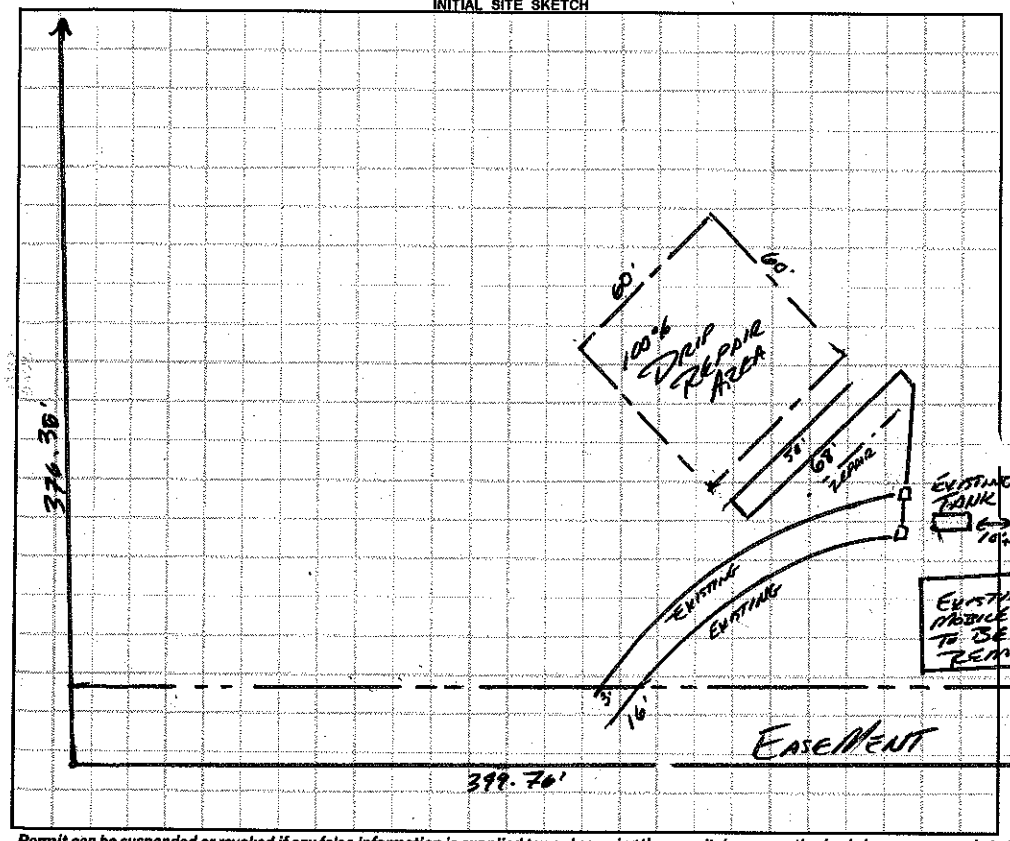
SUBDIVISION: FAM. DIV. JULIA F. LACKEY SECTION: — LOT # 2 LOT AREA: 3.5 ACRE DESIGN FLOW: 360 GPD L.T.A.R.: .3 / .1 R

Septic Tank 1000 (gal)	STB	Date	☐ 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: CONVENTIONAL + 25% REDUCTION - GRAV.		☐ Business	No. Persons 6	☐ Private
Pump Make	Model	Serial #	Repair System Description: DRIP		☐ Other	No. Employees	☒ Public
# Nitrification Fields 1	# Lines 2	Linear Ft: 117'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"	Max. Trench Bottom Depth 32" LOWSIDE	Gravel Depth N/A		☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing	

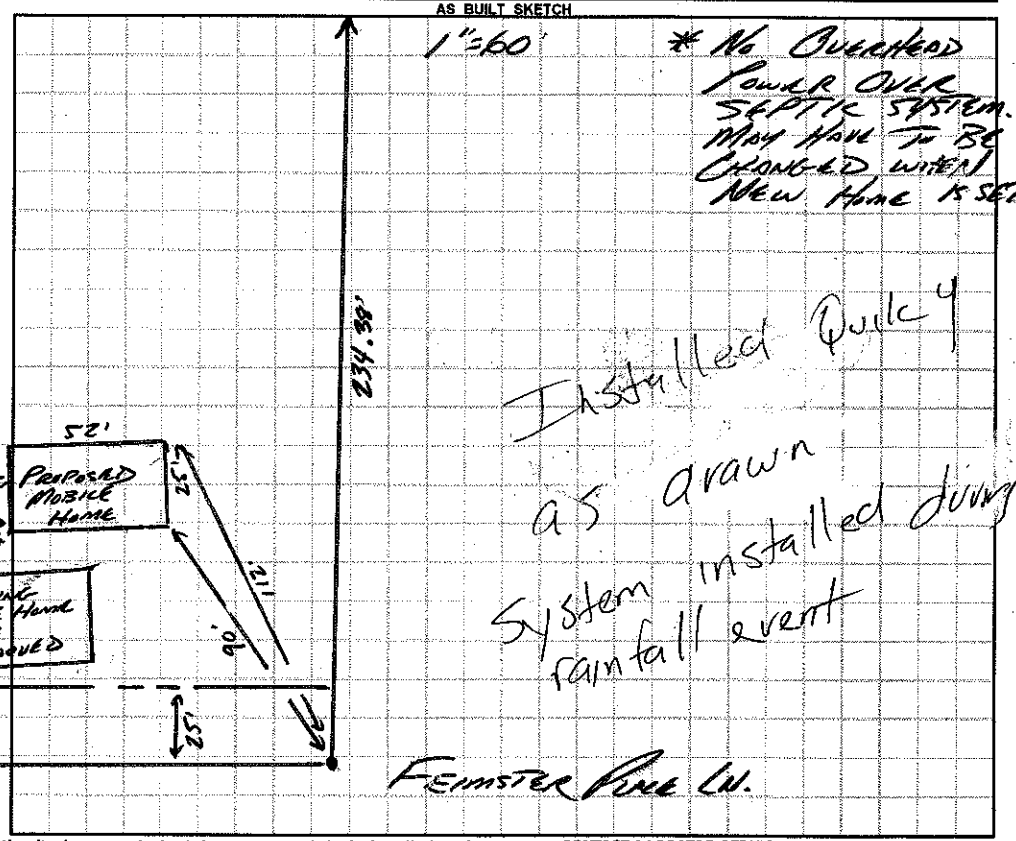
Comments / Conditions: REMOVE 16' OF FIRST LINE AND 3' OF SECOND EXISTING LINE TO REMOVE SEPTIC SYSTEM FROM EASEMENT. SERIAL DISTRIBUTE FROM EXISTING SYSTEM TO NEW 117' LINEAR FEET 25% REDUCTION.

IF EXISTING TANK CAN BE PROVEN TO BE 1000 GAL. CAPACITY AND IS IN GOOD WORKING ORDER IT CAN BE USED. OTHERWISE CRUSH & FILL EXISTING TANK AND INSTALL NEW 1000 GAL. TANK.

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: 5-18-16 Installed by: Tommy Frye

IMPROVEMENT PERMIT by: [signature] Date: APPROVED MAY 17 2016 OPERATION PERMIT by: [signature] Date: 07/07/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: APPROVED MAY 17 2016 Existing System Inspected by: Date:

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