IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214716

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

PIN # 4760-59-0697

APPLICANT: Freedom Homes - Eric Ward APPLICANT ADDRESS: 1124 Charlotte Highway Troutman

SITE ADDRESS: 150 Fairhaven Lane, Troutman, NC Cleveland PHONE: 704-883-8148 ALT. PHONE: 704-528-7960

SITE DIRECTIONS: Highway 21 N from Mooresville, Right on Shinnville Rd, Left onto Brawley Rd, Right onto Fairhaven Lane, Lot on Right

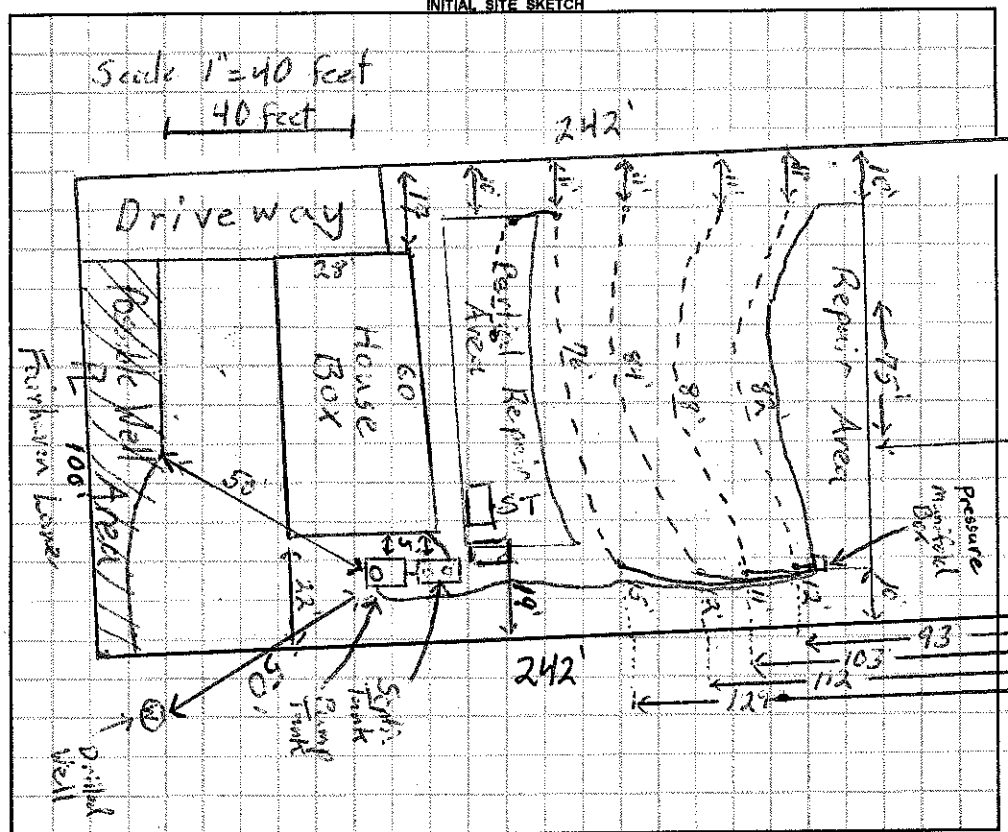
SUBDIVISION: Fairhaven SECTION: 1 LOT # 24 LOT AREA: 0.560 acres DESIGN FLOW: 360 gal/day L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	796	Date	1-11-16	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000 (gal)	PT	21	Date	12-23-15	System Description: Pressure Manifold → 25% Reduction		☐ Business	No. Persons	6	☒ Private
Pump Make		Model		Serial #		Repair System Description: LPP PBPS		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft:	330	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36	Max. Trench Bottom Depth	22" [maximum]	Gravel Depth	8		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Follow all N.C. septic rules. 1½" SCH-80 TAPS REQUIRED to achieve < 10% Equalized Distribution.

3/10/16 Checked tanks & lines

INITIAL SITE SKETCH



AS BUILT SKETCH

	Initials	Date
Drain Lines Checked	MD	3/10/16
Tanks Checked	MD	3/10/16
Pressure Manifold or Valve Box Checked	RA	
Pressure Head Set	RA	
Electrical Checked	RA	
Floats Set		
Alarm Checked	RA	
Maintenance Contract Y / (N)		

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: John Ward Date: 1-8-16 Installed by: Tucker's Haul & Grading

IMPROVEMENT PERMIT by: Tom Shuck Date: 1-8-16 OPERATION PERMIT by: RA Date: 4-29-16

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 1-8-16 Existing System Inspected by: Date:

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