IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217090

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

PIN # 4760-59-5307.000

APPLICANT: Freedom Homes APPLICANT ADDRESS: 1042 Charlotte Hwy

SITE ADDRESS: 177 Fairhaven Ln. Cleveland NC PHONE: 704-239-3693 ALT. PHONE:

SITE DIRECTIONS: Hwy 115 Towards Troutman, TR ONTO Amity, TR Brawley, TR Fairhaven, SITE ON L @ END

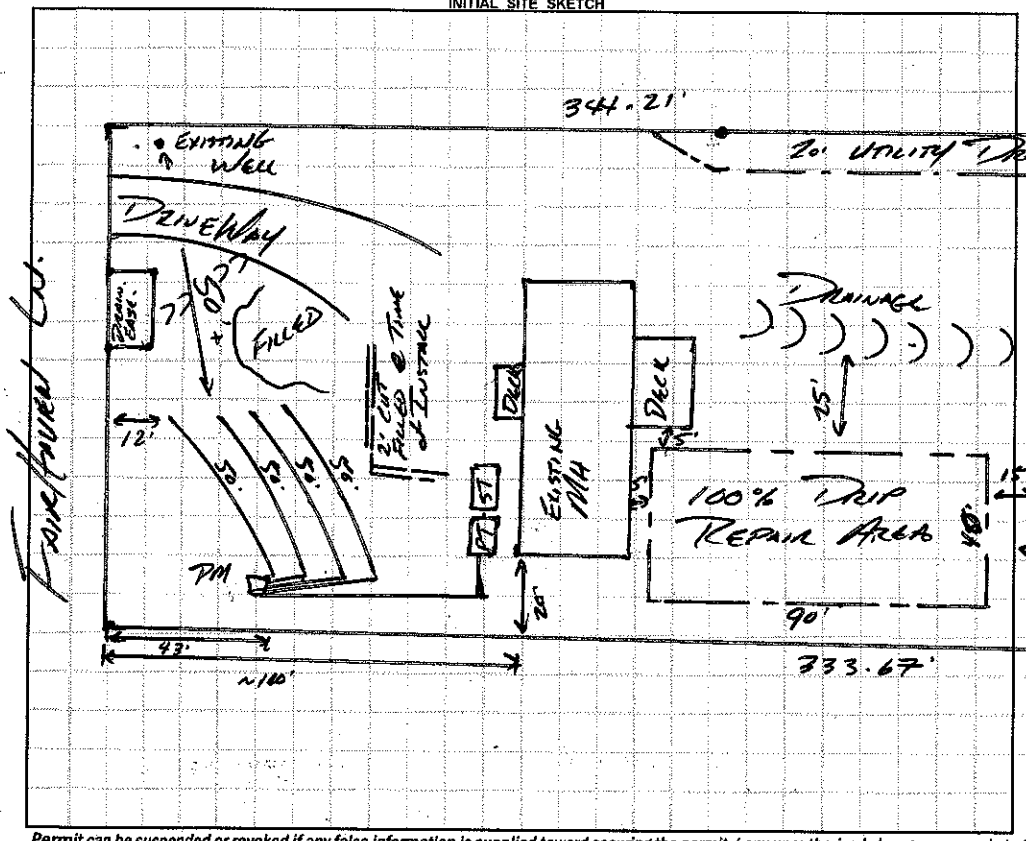
SUBDIVISION: Fairhaven SECTION: 1 LOT # 12 LOT AREA: 1.020 Acre DESIGN FLOW: 360 GPD L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	12/29	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	363	Date	12/27	System Description: CM - PRBPS		☐ Business	No. Persons 6
Pump Make	Zoeller	Model	N152	Serial #		Repair System Description: DRIP		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4 @ 50'	Linear Ft:	200'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	24"	Max. Trench Bottom Depth	* 28" *	Gravel Depth	N/A		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

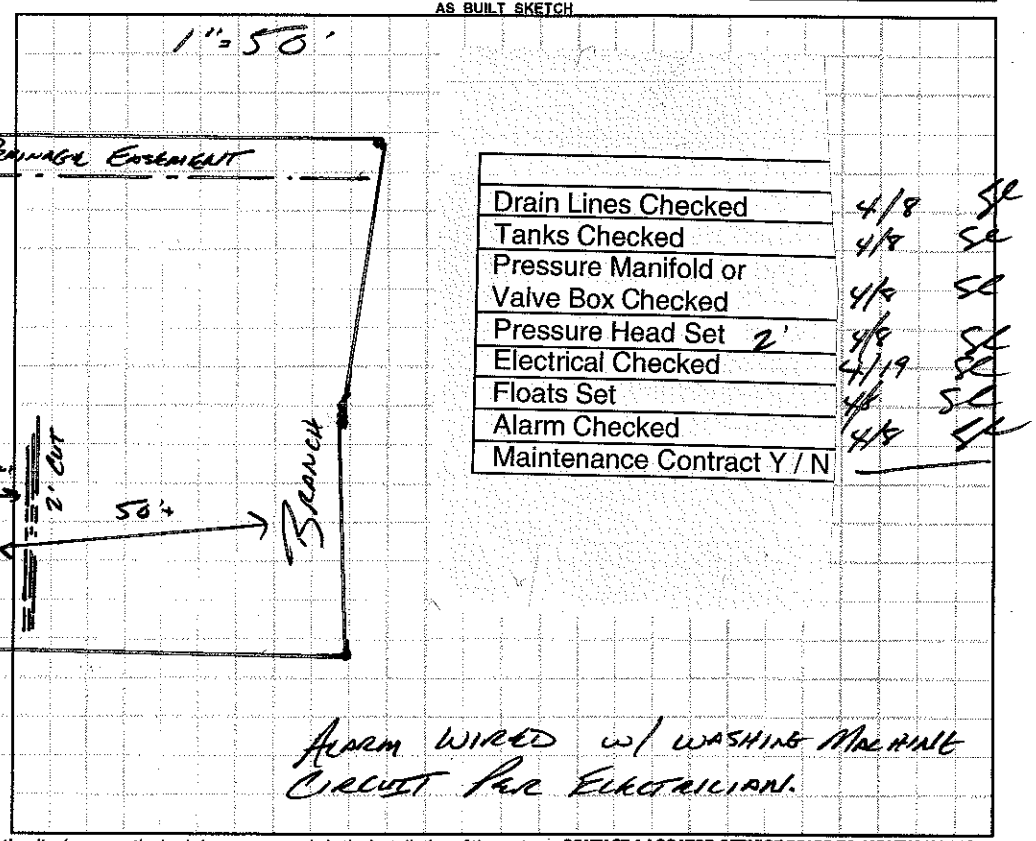
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Installed As Drawn.
Used Sch. 80 Tee in Manifold. OK

INITIAL SITE SKETCH



AS BUILT SKETCH



Drain Lines Checked	4/8	SE
Tanks Checked	4/8	SE
Pressure Manifold or Valve Box Checked	4/8	SE
Pressure Head Set 2'	4/8	SE
Electrical Checked	4/19	SE
Floats Set	4/8	SE
Alarm Checked	4/8	SE
Maintenance Contract Y / N		

Alarm wired w/ washing machine circuit per Electrician.

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: _____ Date: _____ Installed by: Tim Abee

IMPROVEMENT PERMIT by: _____ Date: APPROVED APR 1 1 2016 OPERATION PERMIT by: _____ Date: APPROVED APR 1 9 2016

AUTHORIZATION TO CONSTRUCT by: _____ Date: APPROVED APR 1 1 2016 Existing System Inspected by: _____ Date: _____

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