IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 132104 PIN# 4760 83 7610 DATE 11/16/05

OWNER OR APPLICANT Greg Peterson / Freedom Homes/Robert Bryant PHONE: Business 704 432 1828 Home

ADDRESS 1018 CHARLOTTE HWY TROUTMAN, NC 28166

LOCATION 21N @ Statesville ⓛ Lot just past BRAWLEY RD

SUBDIVISION NA BLOCK / SECTION LOT LOT AREA 11.88 ACRES SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 780 Date 8/19/05
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 535
No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: CONVENTIONAL
Repair System Description: GRAVITY OR PRESSURE CONV.
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons 1 No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

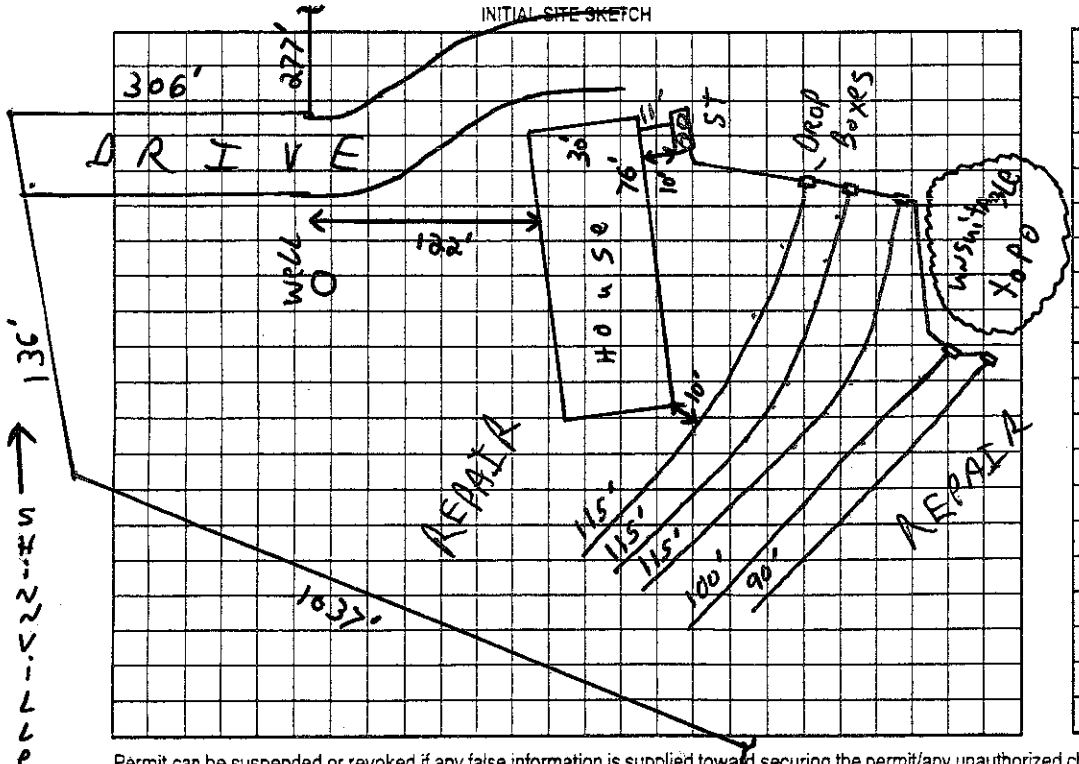
☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: INSTALL ON CONTOUR. MAINTAIN SET BACKS.
ACCEPTED SYSTEM MAY BE SUBSTITUTED.

not to SCALE

Comments:/Conditions:

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Brenda Ingram date 12-8-05 Installed by: Tim Allen

Improvement Permit by: [signature] date 11/16/05 Operation Permit by: Wesley Sanders date 1/9/06

Authorization to Construct by: [signature] date 11/16/05 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK