IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 15103 PIN# 4761293188 DATE 6-26-08

OWNER OR APPLICANT Freedom Homes - Sue Lowe #667 PHONE: Business 704-528-7960 Home

ADDRESS 1042 Charlotte Highway Statesman NC 28677

LOCATION 2265 Bethesda to Perth to Jeremy Rd → Cedarcare 17 Lk Ct

SUBDIVISION Brookwood BLOCK / SECTION 2 LOT 55 LOT AREA 1.0 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 3

Septic Tank: 1000 Gallons: STB 760 Date 4-21-07

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet 460 Linear Feet 132/460

No Lines 5 Trench Width 36" Max Trench Bottom Depth 24"

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

System Description: 25% Reduction

Repair System Description: 50% Loss Plus

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth Rock ☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☑ Individual ☐ Public ☐ Community

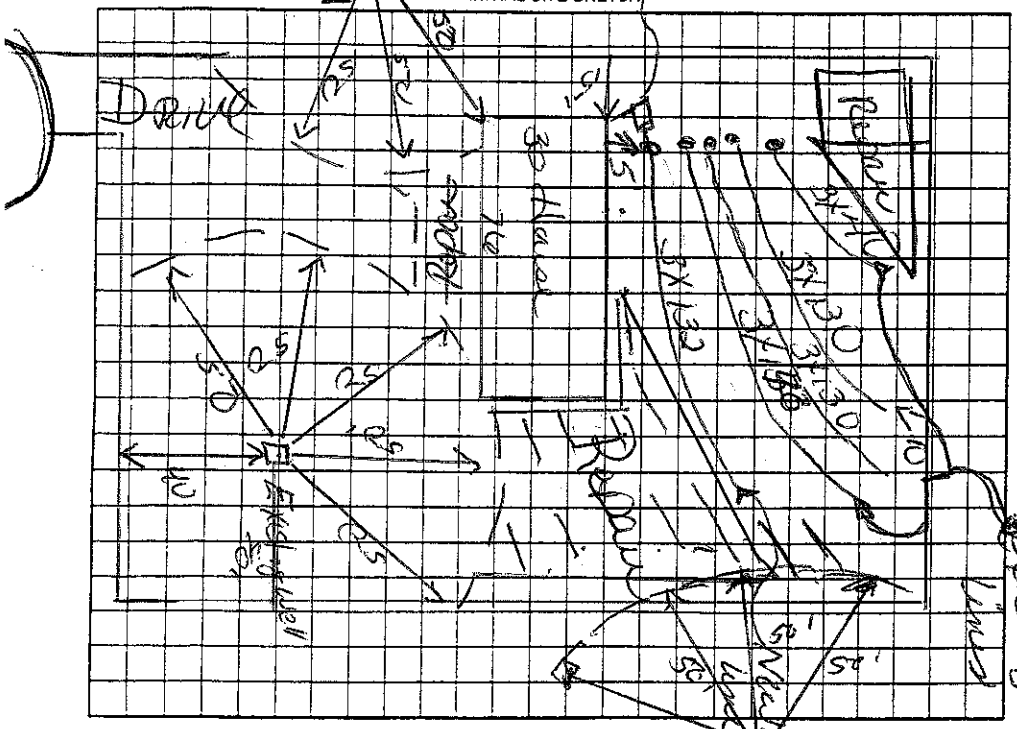
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

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Grade existing tank
Replace with New tank
Add 132' of 25% Reduction

INITIAL SITE SKETCH



AS BUILT SKETCH

Maintain all setback
Call Health Dept before
installation for consult.
Install on Contour

Red flitter

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: [signature] date 6-26-08

Improvement Permit by: [signature] date 6-26-08

Authorization to Construct by: [signature] date 6-26-08

Installed by: Madison Grading

Operation Permit by: [signature] date 7-18-08

Existing System Inspection by: ____ date ____

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