IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134833 PIN# 4766367133 DATE 4-26-06

OWNER OR APPLICANT Freedom Homes PHONE: Business _____ Home 704-872-0174

ADDRESS 1270 Northside Drive Statesville 28677

LOCATION 21N to Turnersburg to Allen Creek 2nd lot on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.876 SITE CLASS 05 DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 750 Date 12-16-05

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1440 Linear Feet 360'

No Lines 4 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: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth 12" ☑ Gravity ☐ Pressure

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ___ No. Employees ___

Water Supply: ☐ Individual ☐ Public ☐ Community

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

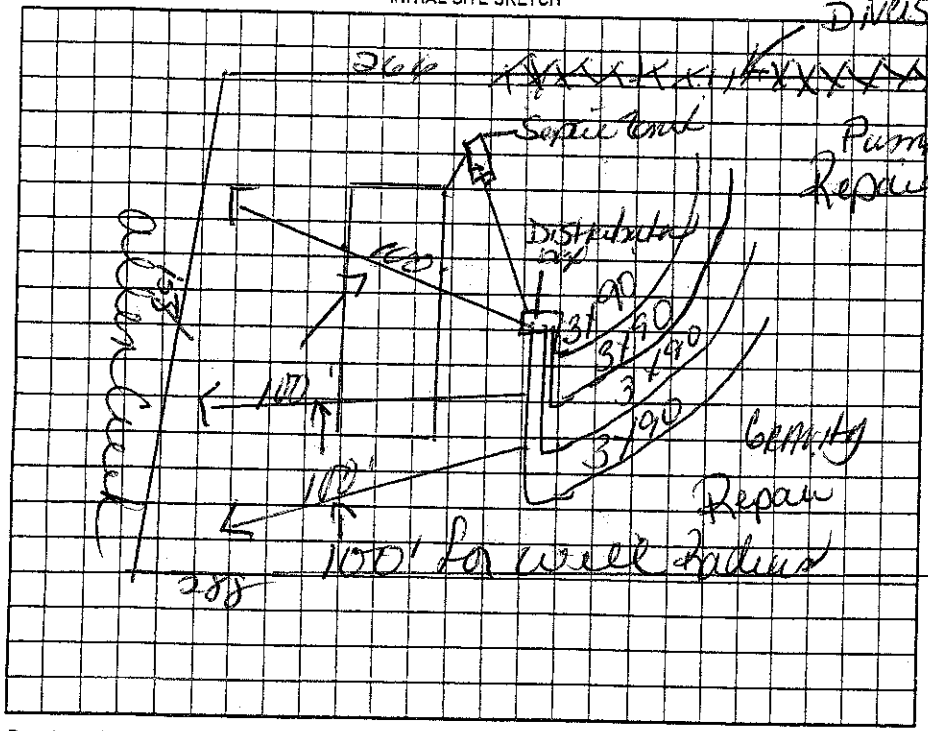
Comments:/Conditions:

Well must be 100' away from system — 50' from water tight tank

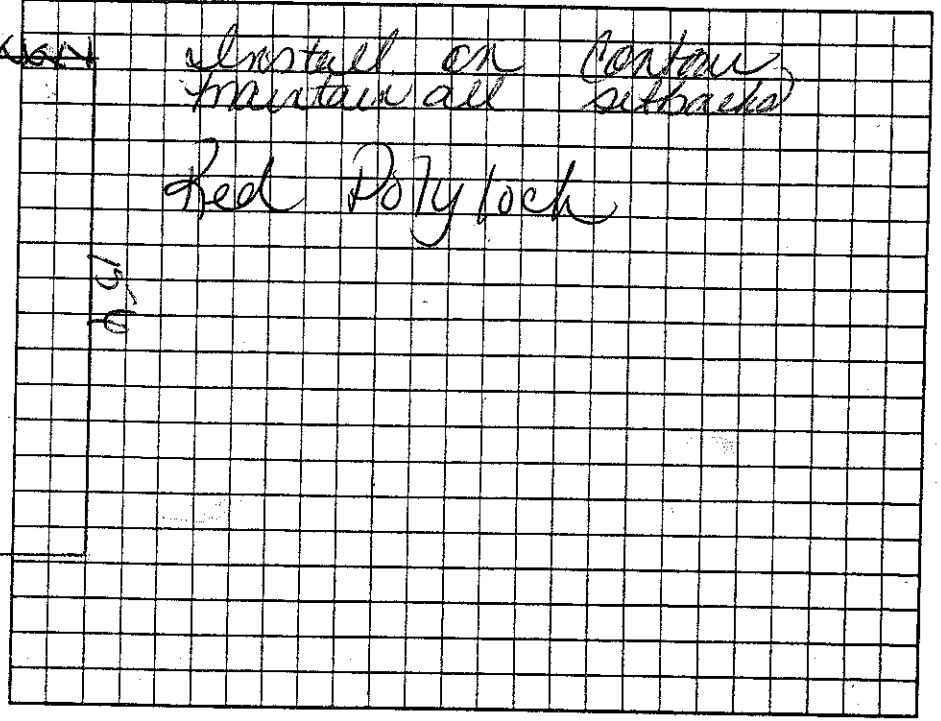
Comments:/Conditions:

Soil from Diversion ditch - use to fill in drainage way down front of property

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: _____ date 4/26/06 Installed by: Hoke Grading

Improvement Permit by: _____ date 4/26/06 Operation Permit by: _____ date 5-2-06

Authorization to Construct by: _____ date 4/26/06 Existing System Inspection by: _____ date _____

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