IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 152703 PIN# 4777884467 2216 DATE 9-25-08

OWNER OR APPLICANT Freedom Homes PHONE: Business _____ Home _____

ADDRESS 270 North Side Drive Statesville 28677

LOCATION 417 Deer Chase Circle - Old Mocksville Rd → White Oak → Deer Chase

SUBDIVISION Deer Chase Park BLOCK / SECTION _____ LOT 67 LOT AREA 1.0 SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. .35

Septic Tank: 1000 Gallons: STB 760 Date 5-25-08
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1028 Linear Feet 270
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Grade
Repair System Description: 50% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons ___ No. Employees ___

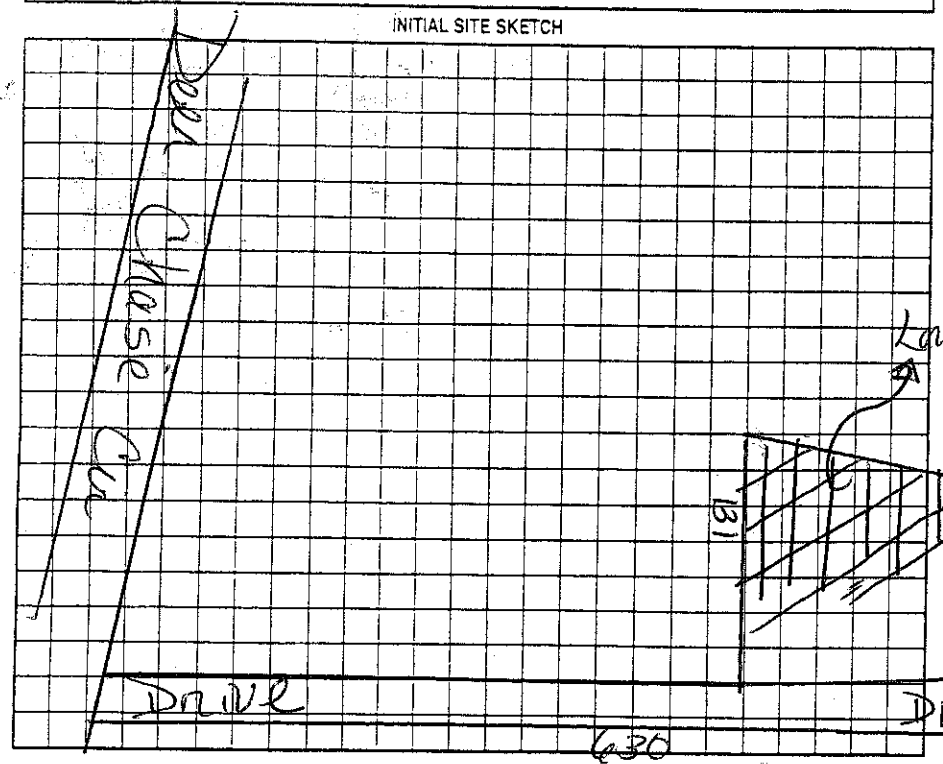
Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments/Conditions:
Upgrade as shown
Maintain all setbacks

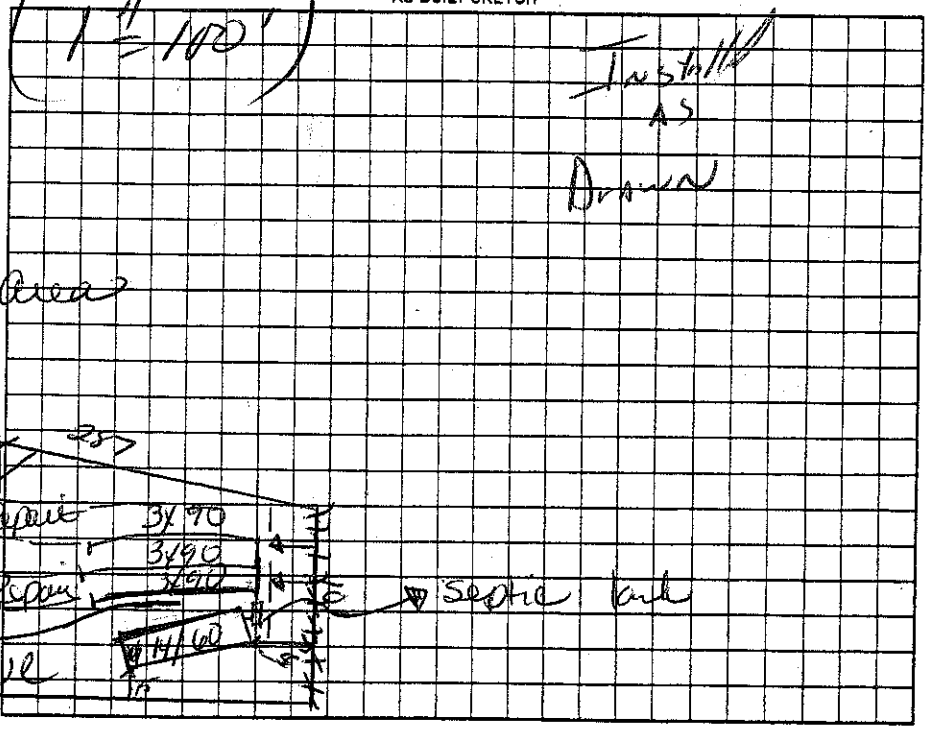
Comments/Conditions:
Rake Sides if Needed

INITIAL SITE SKETCH



AS BUILT SKETCH

(1" = 100')



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: Ken Wall date 9-25-08 Installed by: Tim Abee

Improvement Permit by: Kenny Cook date 9-25-08 Operation Permit by: Don Wyatt R.S. date 30 Oct. 08

Authorization to Construct by: Kenny Cook date 9-25-08 Existing System Inspection by: _____ date _____

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