IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222269

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

PIN # 4779257806 ✓ 214

APPLICANT: Freedom Homes APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC

SITE ADDRESS: 214 Arrowbrook Rd Harmony NC PHONE: 704-528-7960 ALT. PHONE: 704-876-5866

SITE DIRECTIONS: 21N T/R Mt Bethel Rd T/R Arrowbrook Rd Lot on right

SUBDIVISION: N/A SECTION: N/A LOT# N/A LOT AREA: — DESIGN FLOW: 240 L.T.A.R.: Ex

Septic Tank Existing (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields Ex # Lines Ex Linear Ft: Ex
Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: Existing
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

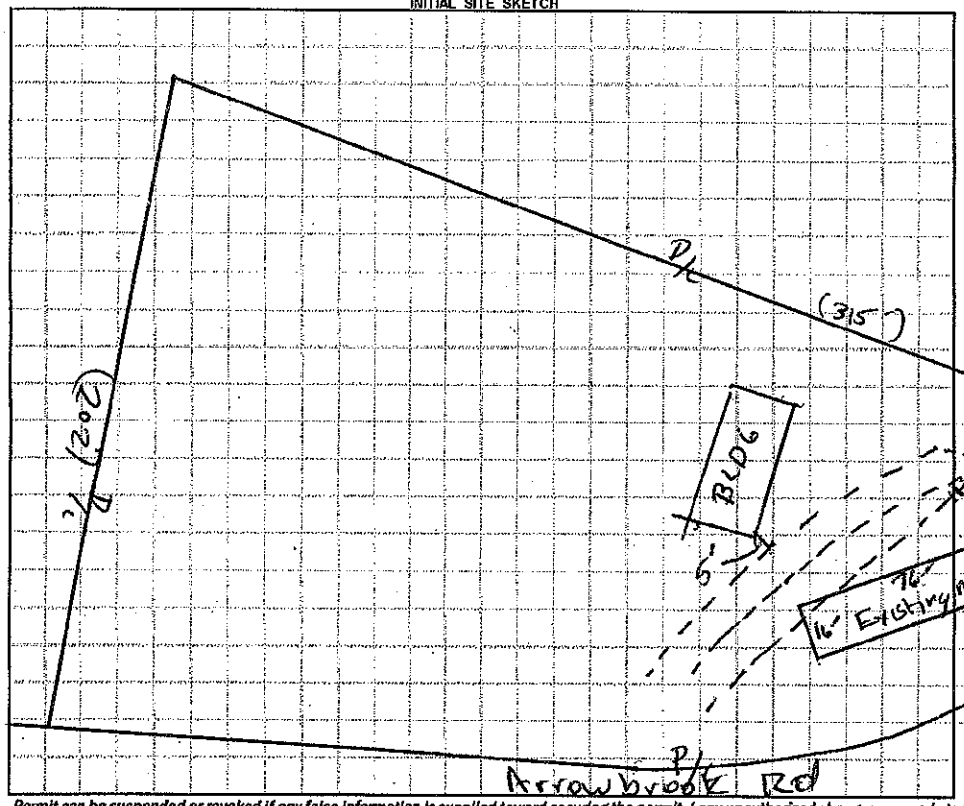
☒ Residence No. Bedrooms 2
☐ Business No. Persons 4
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☑ Public ☐ Community

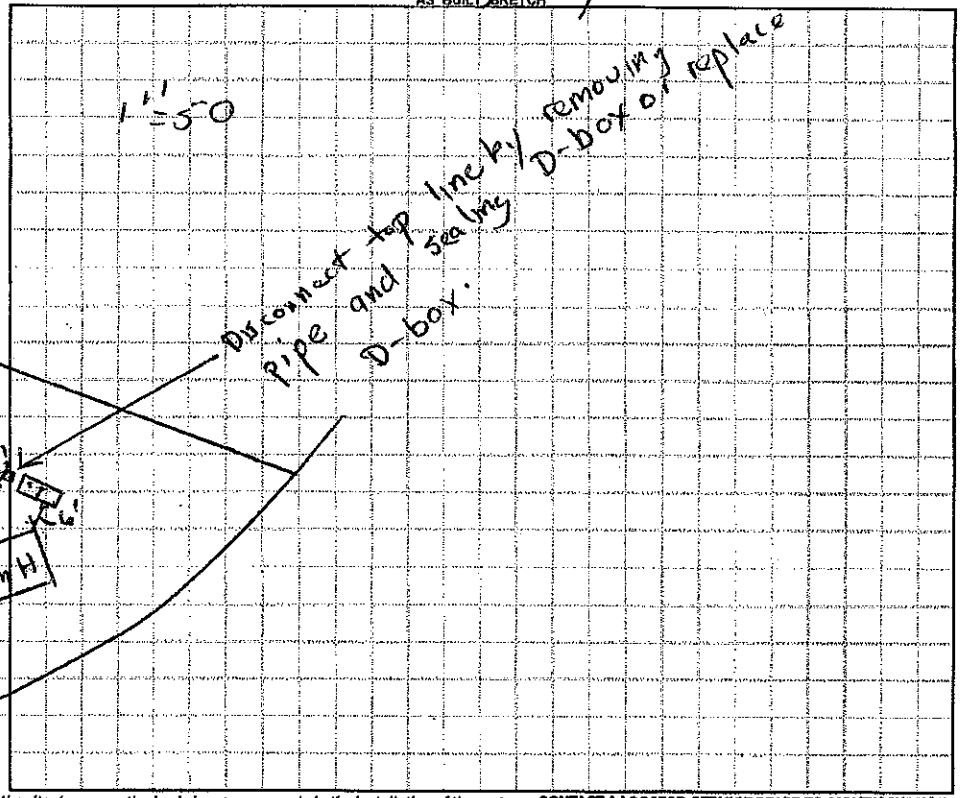
Comments / Conditions: Disconnect upper line by removing pipe and sealing D-box or replacing D-box

The purpose of this Permit is to decrease bedrooms to 2 to accomidate for same home location to meet zoning requirments

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. **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: [signature] Date: 11-9-16 Installed by: Craig Thompson

IMPROVEMENT PERMIT by: [signature] Date: 11/7/16 OPERATION PERMIT by: [signature] Date: 11/28/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 11/9/16 Existing System Inspected by: Date:

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