IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 17-981

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

PIN # 3792 84-4411.000

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

SITE ADDRESS: 106 Hidden Valley Dr. Statesville NC PHONE: 704-881-2326 ALT. PHONE: 704-577-9052

SITE DIRECTIONS: I-77 N. To I40 W To Sharon School Rd, TL Hwy 70, TR Eufola, TL Hidden Valley, Site on R

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.53 Acre DESIGN FLOW: 480 GPD L.T.A.R.: .3

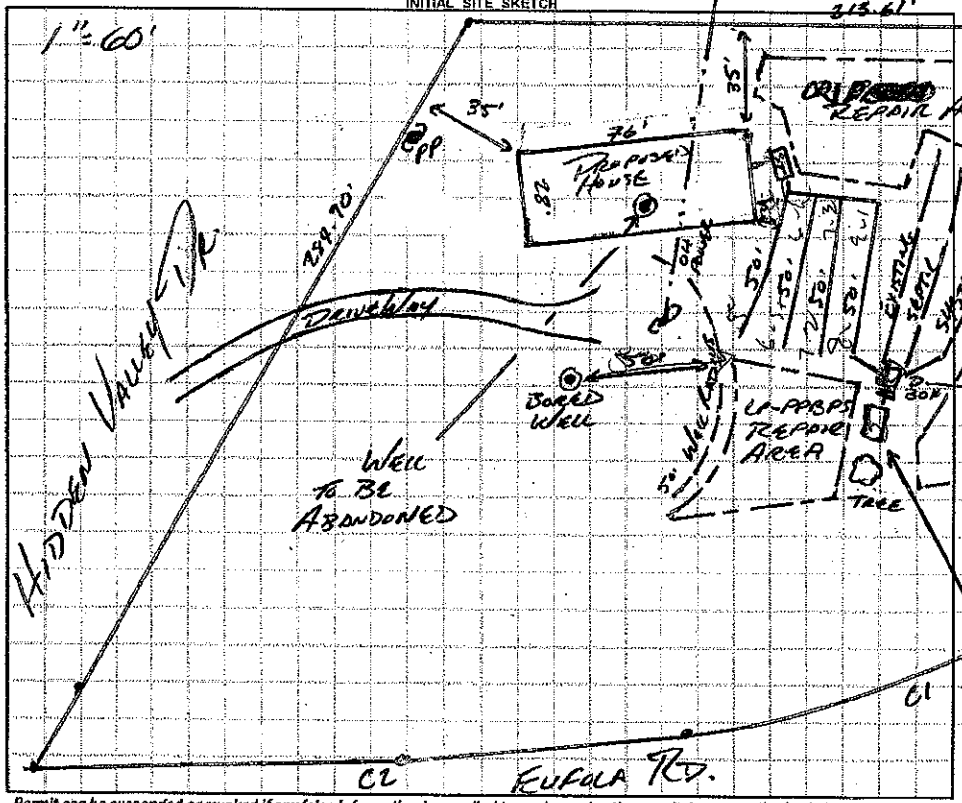
Septic Tank	1000 (gal)	STB	2071	Date	—	☐ New System ☐ Repair ☒ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction (Gravity) + Existing	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	LP-PPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4(50') * Existing	Linear Ft:	200'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	* 24" Consider *	Gravel Depth	N/A		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private Existing ☐ Public ☐ Community

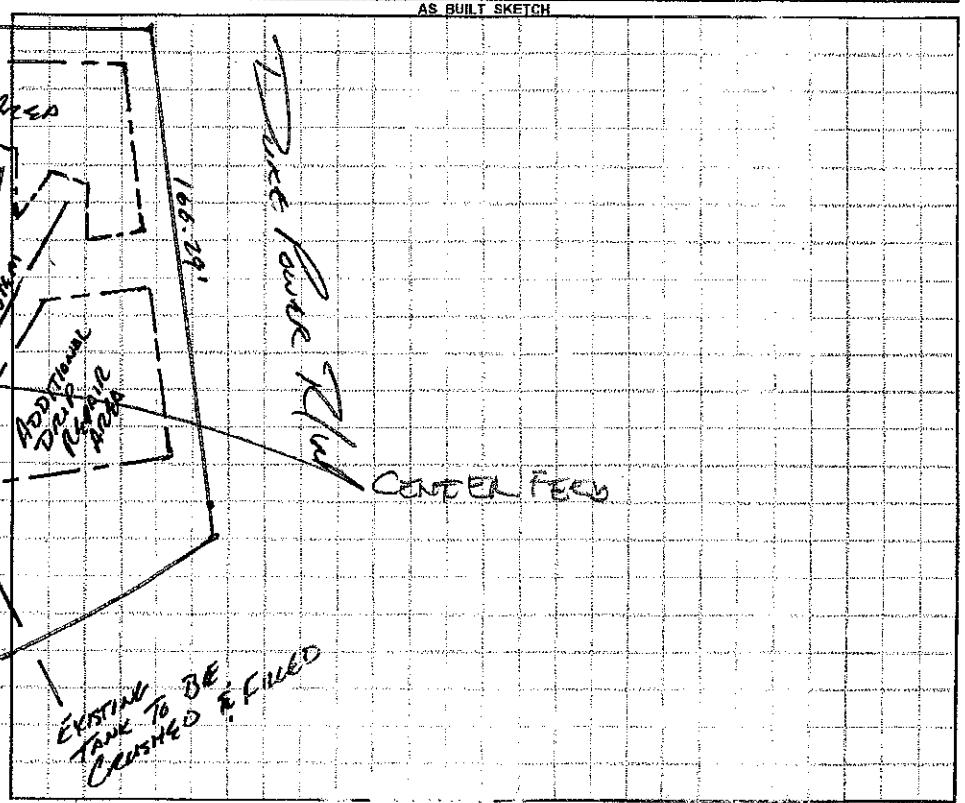
Comments / Conditions: Crush & Fill Existing Septic Tank. Install 200' of 25% Reduction To Serial Distribute To Existing Distribution Box For Existing System. Set A New Distribution Box If Needed.

* Well In House Location Must Be Abandoned Prior To Issuance of AC. *

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. 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 equal to IMPROVEMENT PERMIT —not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 6-16-16

IMPROVEMENT PERMIT by: [signature] APPROVED JUN 14 2016 Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8/2/16

Installed by: [signature]

OPERATION PERMIT by: [signature] Date: 8/25/16

Existing System Inspected by: Date:

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