IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223701

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

PIN # 4737-09-36666

APPLICANT: FREEDOM HOMES APPLICANT ADDRESS: 1124 CHARLOTTE HWY TROUTMAN

SITE ADDRESS: 379 BRANCHWOOD RD. STATESVILLE PHONE: 704-883-6143 ALT. PHONE:

SITE DIRECTIONS: 115 N, TR BRANCHWOOD, ON L

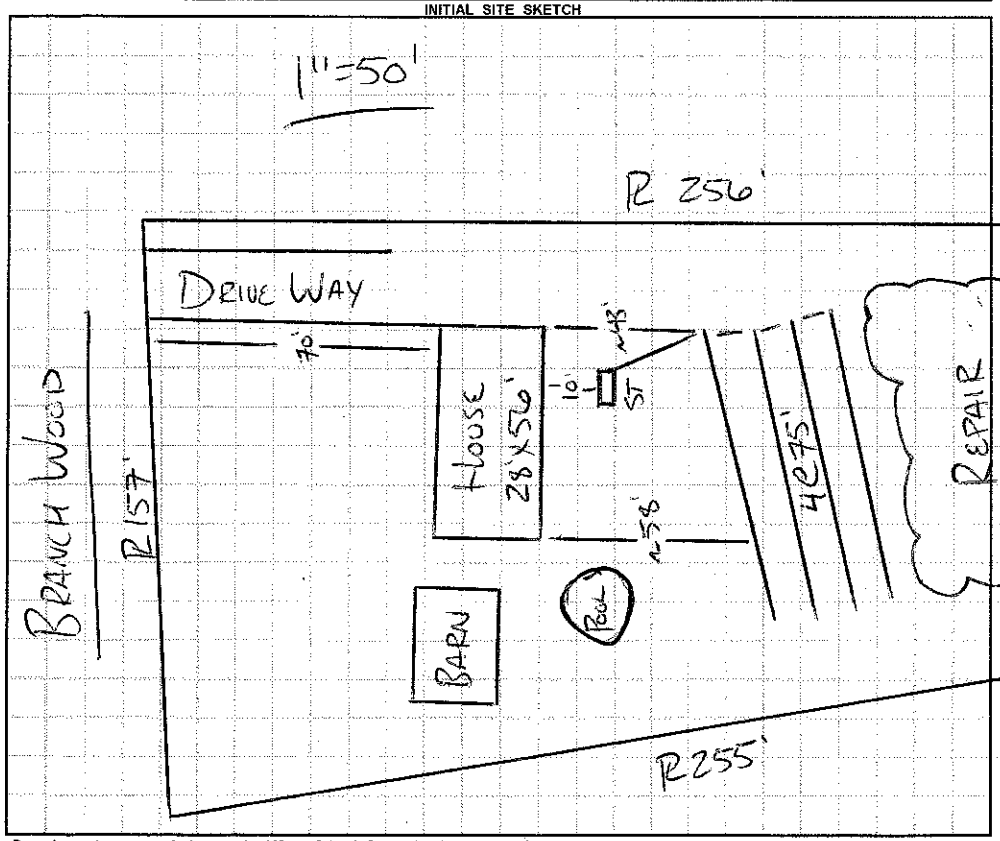
SUBDIVISION: RIDGE CREST SECTION: 1 LOT # 18 LOT AREA: .78 AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank 1000 (gal)	STB see below	Date See below	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% REDUCTION		☐ Business	No. Persons 6	☐ Private
Pump Make	Model	Serial #	Repair System Description: SAME		☐ Other	No. Employees	☒ Public
# Nitrification Fields 1	# Lines 4	Linear Ft: 300'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"	(Max.) Trench Bottom Depth 36"	Gravel Depth —	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

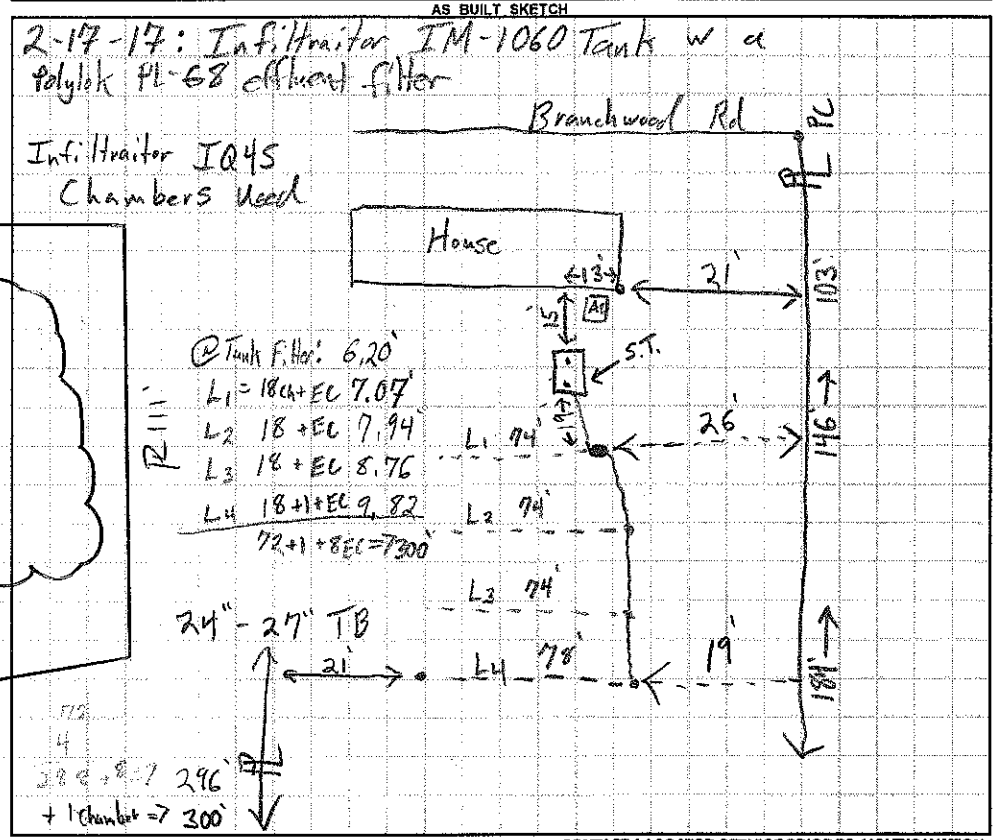
Comments / Conditions:

2A107

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: Stephen Hall Date: 1-23-17 Installed by: Tommy Frye c/o Craig Thompson

IMPROVEMENT PERMIT by: Date: 1-19-17 OPERATION PERMIT by: Tom Shuck Date: 2-17-17

AUTHORIZATION TO CONSTRUCT by: Date: 1-19-17 Existing System Inspected by: Date:

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