IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218637

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

PIN # 4760-25-4891

APPLICANT: Freedom Homes APPLICANT ADDRESS: 1124 Charlotte Hwy, Troutman NC 28166

SITE ADDRESS: 175 Buckin Ln - Troutman PHONE: 704-528-7960 ALT. PHONE: 704-876-5866

SITE DIRECTIONS: Hwy 115 N, TR Shinnville, TL Weathers Creek, TR Buckin Ln, Loton L @ end

SUBDIVISION: Shane E. Hildebrand Family SECTION: - LOT # Tract 3 LOT AREA: 5.00 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.3 gpd/sqft

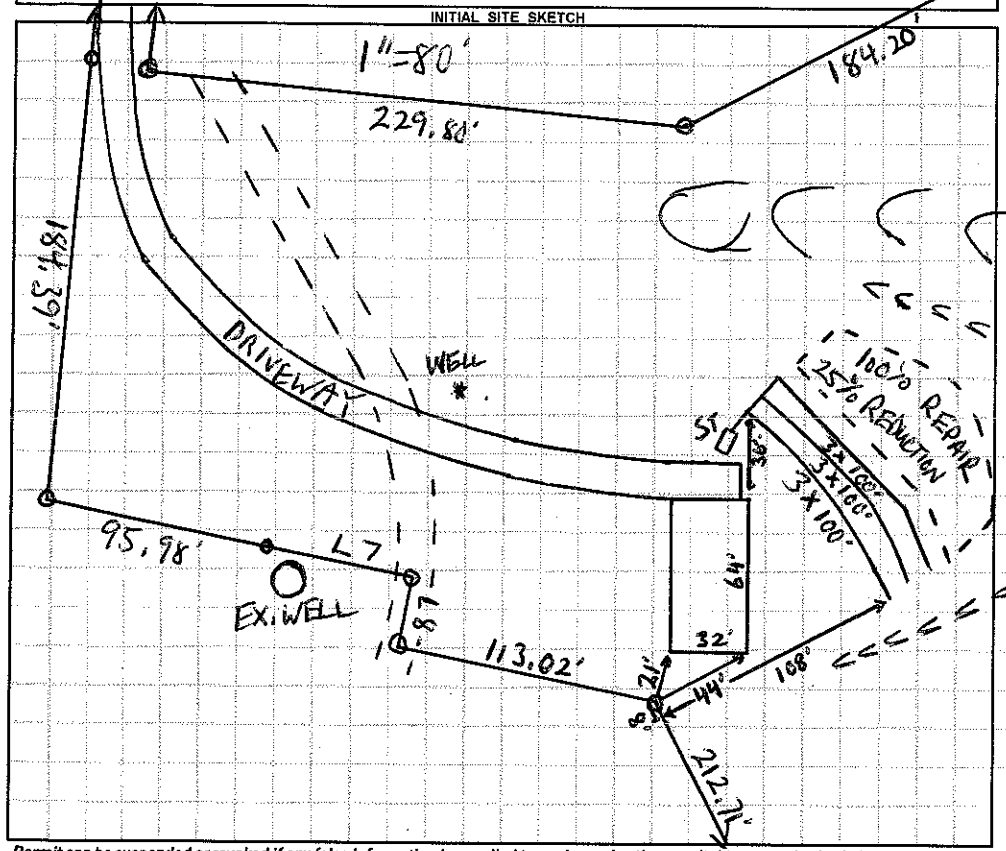
Septic Tank	1000 (gal)	STB	1012	Date	4-27-16	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	Gravity 25% Reduction	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	Gravity 25% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	300'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	* 36" *	Gravel Depth	N/A	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

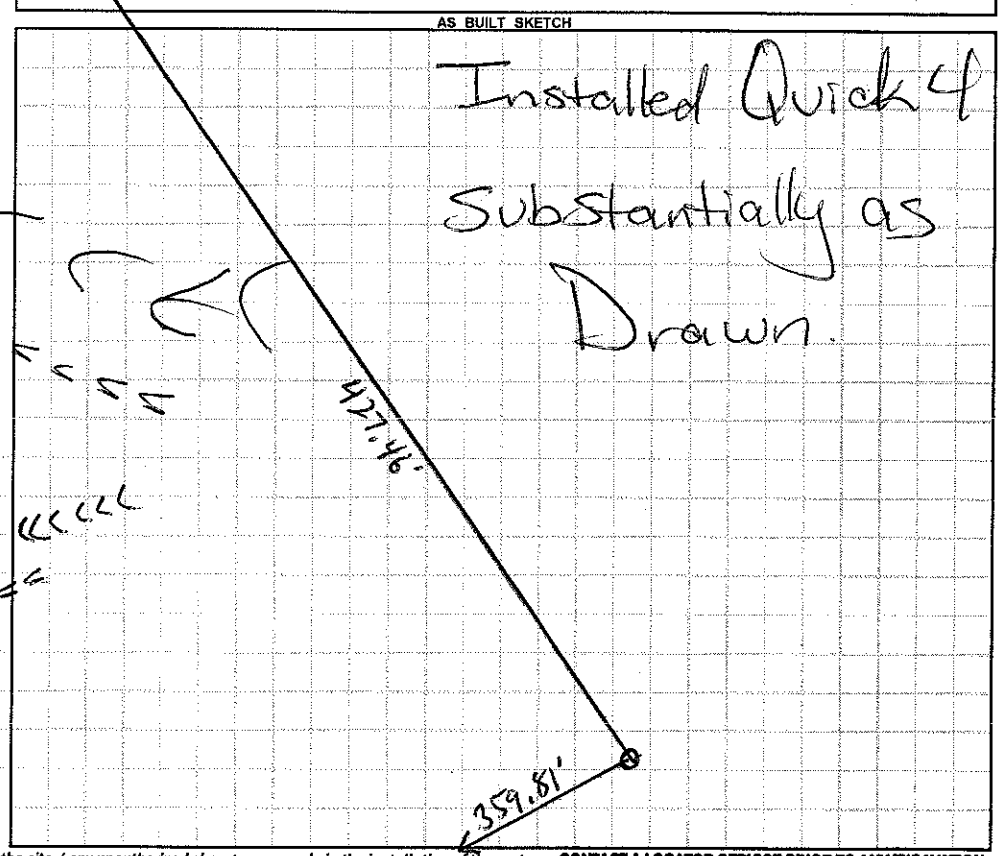
Comments / Conditions: *Install Trenches 36" Deep, Fill Small gully/ditch at distal end of trenches. Deck & Steps must be 5' From Septic

25 Chambers per ditch.

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 Hildebrand Date: 7-8-16 Installed by: Tommy Frye / Craig Thompson

IMPROVEMENT PERMIT by: [signature] Date: 7-1-16 OPERATION PERMIT by: Melissa Nolan RS Date: 9/26/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7-14-16 Existing System Inspected by: Date:

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