CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133516 PIN# 3784-61-0634 JIMMIE SUTTON DATE 5-25-06

OWNER OR APPLICANT CAROL DELLINGER PHONE: Business 704-657-0770 Home 704-872-1700

ADDRESS 2333 ISLAND FORD RD Statesville NC 28625

LOCATION 4.0 WEST ⓟ SHARON ⓛ ISLAND FORD ⓡ AT BOX #2302 BEHIND SINGLEWOOD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 7.5 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 1.5

Septic Tank: 1000 Gallons; STB 766 Date 4-16-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model EO Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 4X100' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 624 LF 25%
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons 8 No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth ____ ☐ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

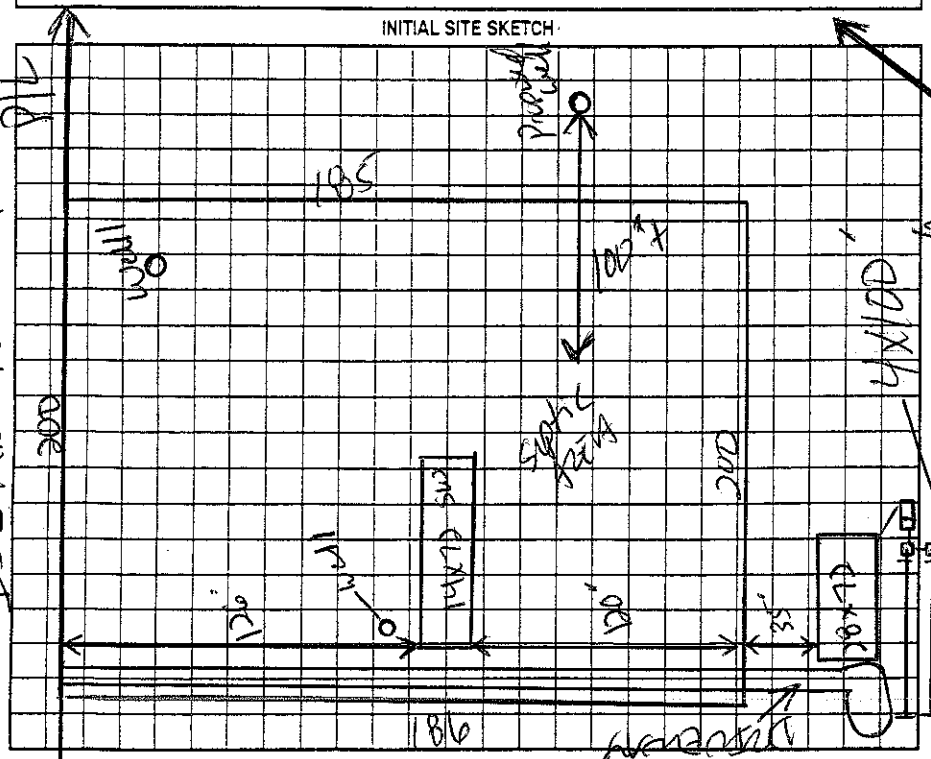
Comments/Conditions: ① INSTALL LINES ON CONTOURS ② MAINTAIN SETBACKS ③ CONTRACTOR & OWNER REQUESTED 25% REDUCTION SYSTEM

Comments/Conditions: Yellow Filter ST Marker

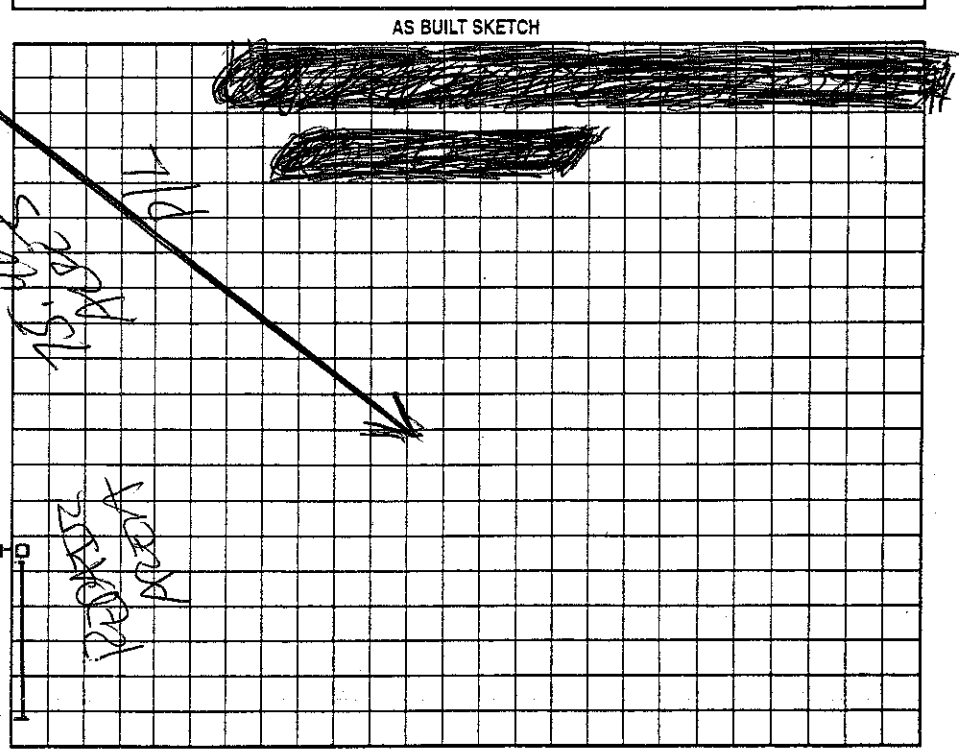
NOT TO SCALE

ISLAND FORD ROAD

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. 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: Teresa Ethridge date 5-25-06 Installed by: Burke Grading

Improvement Permit by: _____ date 5-25-06 Operation Permit by: James Overcash date 7/03/06

Authorization to Construct by: _____ date 5-25-06 Existing System Inspection by: _____ date _____

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