IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 200538

APPLICANT: Nelson Dellinger PIN # 3792293413

SITE ADDRESS: 236 Sharon School Rd. APPLICANT ADDRESS: 170 Pisgah Church Rd.

SITE DIRECTIONS: Hwy 70W TR Sharon School Rd. Property on Right. PHONE: 704-902-0429 ALT. PHONE: N/A

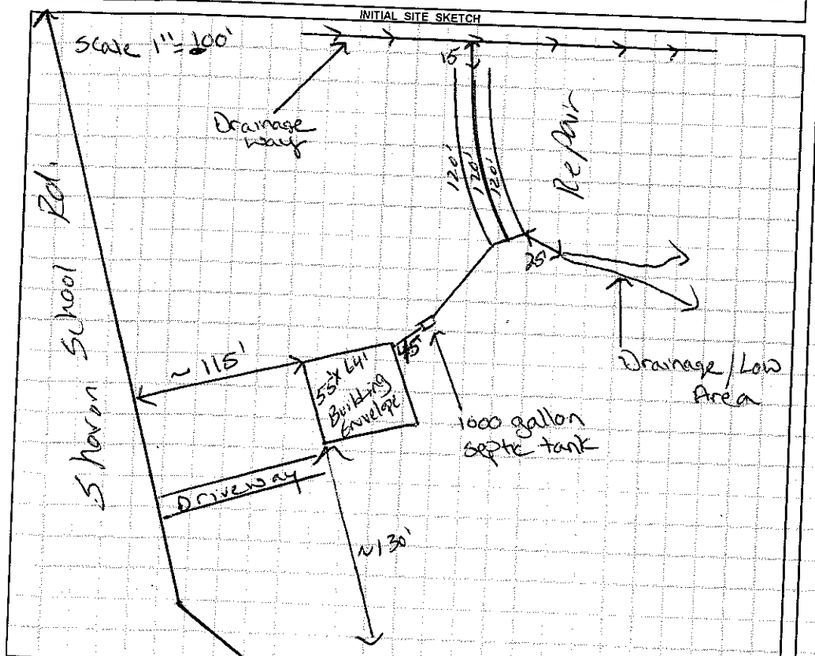
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 12.14 acres DESIGN FLOW: 360 gpd L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	1012	Date	4-14-14	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	25% Reduction	☐ Business	No. Persons 6
Pump Make	N/A	Model	Infiltrator	Serial #	EF-4	Repair System Description:	25% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	360	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

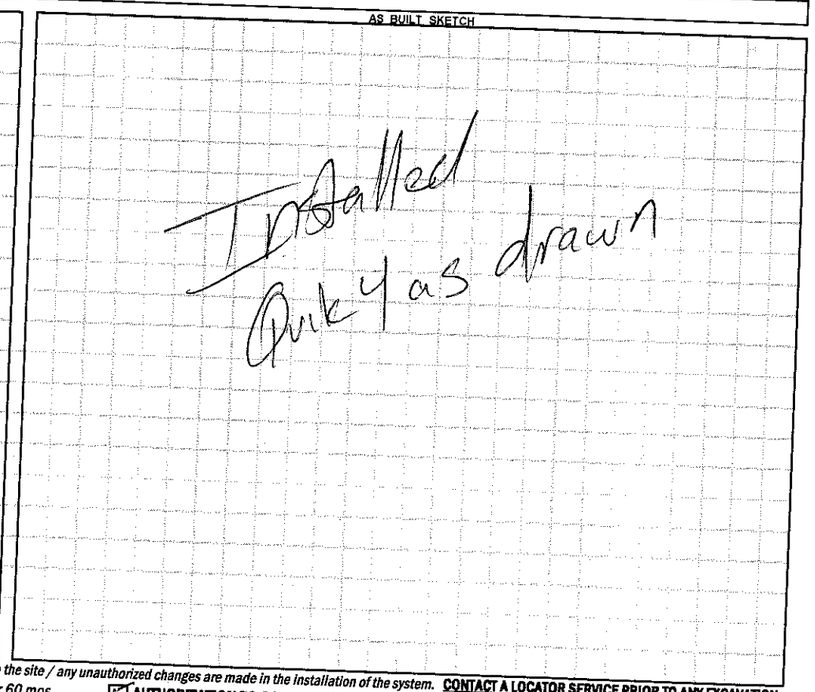
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution.

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: _____

IMPROVEMENT PERMIT by: Justin Henderson Date: 1-6-14

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 1-6-14

Installed by: Younts Septic

OPERATION PERMIT by: Robert Younts Date: 08/29/14

Existing System Inspected by: _____ Date: _____

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