IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 206156

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

PIN # 3793-86-0014

APPLICANT: Nelson Dellinger Builders APPLICANT ADDRESS: 170 Pisgah Church Rd Statesville NC 28625

SITE ADDRESS: 529 Mock Mill Rd Statesville NC 28677 PHONE: 704-902-0429 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 40 W T/L Old Mountain Rd T/R Beach Ch. Rd Turns to Mock Mill 2.5 miles on left

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.75ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	10/2	Date	9-29-14	☒ 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	Tuflite	Serial #	EF-4	Repair System Description:	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: Follow Contour / Honor Setbacks Requirements

INITIAL SITE SKETCH

Please See Attached Layout

AS BUILT SKETCH

Installed Quad as drawn

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**

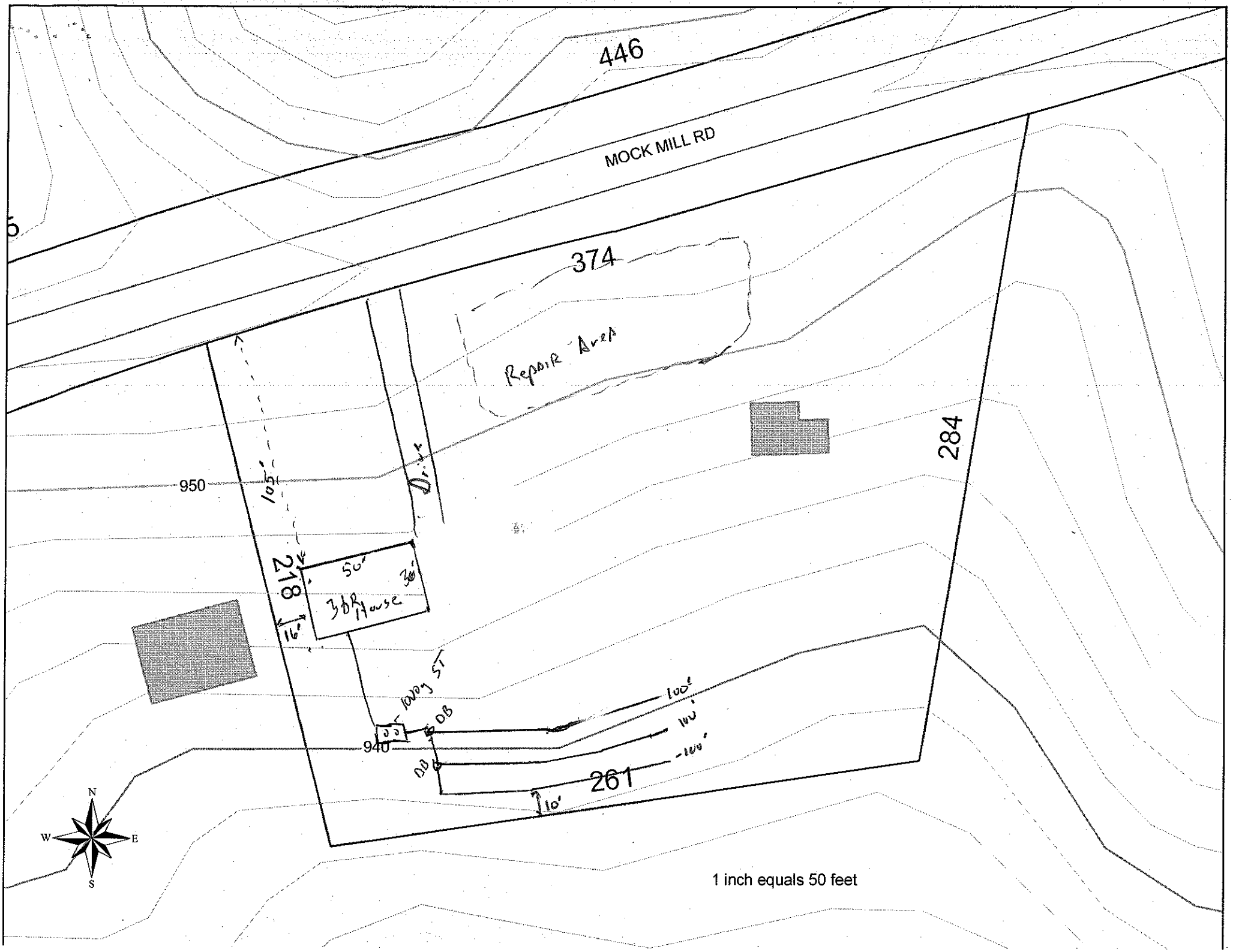
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: 11-26-14 Installed by: Yount-z Septic

IMPROVEMENT PERMIT by: Tim Higgins Date: 09/21/07 OPERATION PERMIT by: _____ Date: 05/06/15

AUTHORIZATION TO CONSTRUCT by: _____ Date: 10/9/14 Existing System Inspected by: _____ Date: _____

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


446
MOCK MILL RD
374
Repair Area
284
950
105'
Dirt
50'
30'
3BR House
218'
16'
Long ST
100'
100'
OB
OB
940
261
10'
N
W
E
S
1 inch equals 50 feet