IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83845 PIN# 4703931318 DATE JAN 7, 00

OWNER OR CONTRACTOR NELSON Dellinger PHONE: Business 880-2190 Home

ADDRESS 139 Delight Dr STATESVILLE N.C.

LOCATION Old MTRd 5th (R) ELMWOOD Rd (R) Gravel Lane 3rd LOT on LEFT

SUBDIVISION THREE OAKS BLOCK / SECTION 3 LOT 68 LOT AREA .71 SITE CLASS IV DESIGN FLOW 360 L.T.A.R. .03

Septic Tank: 1000 Gallons: STB 1012 Date 4-10-98
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I. II. III. IV. V. VI.
System Description: GRAVITY 25% Reduction
Repair System Description: Pump 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

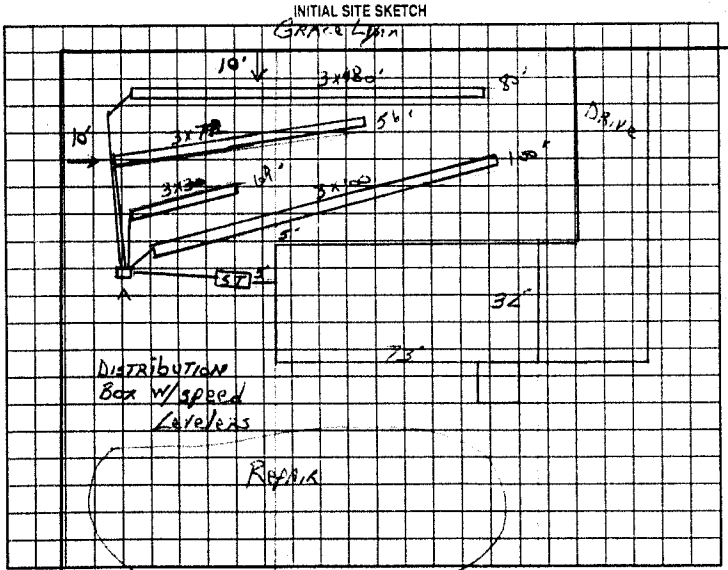
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☒ Public ☐ Community

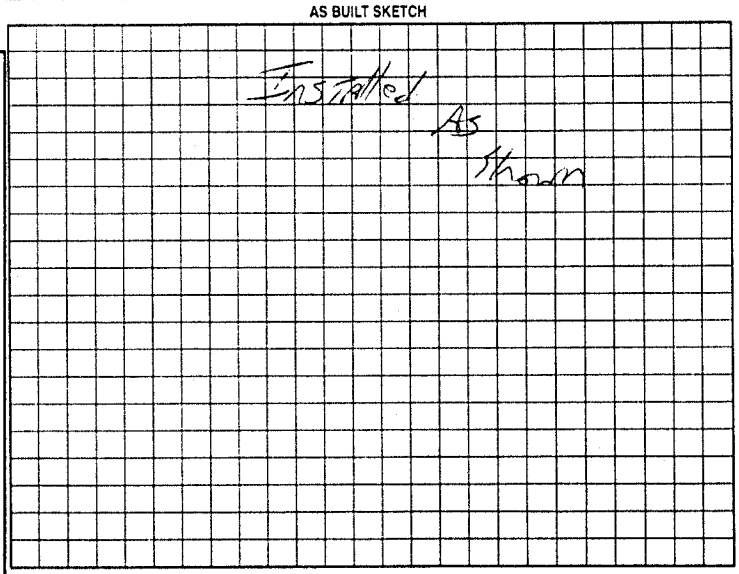
Comments/Conditions: INSTALL on CONTOUR
DISTRIBUTION box w/ speed levelers Feed Top Line 1st Middle TWO 2nd Line closest T. Road Feed LAST
5 Sochambers OR 30 HDS SECTIONS

Comments/Conditions

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: Nelson E Dellinger date Installed by: CRAig Thompson

Improvement Permit by: C Potter date JAN 7 2000 Operation Permit by: C Potter date May 19 2000

Authorization to Construct by: C Potter date JAN 7, 2000 Existing System Inspection by: date

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