IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 2|S|16 DATE 6/14/95 TAX MAP NO. 9F-2-A-3 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Sidney Dellinger PHONE: Business _____ Home 873-3429

ADDRESS 132 Celestes Estates Statesville, NC 28677

LOCATION Hwy 64-90; TR Scotts Creek Rd, Corner Lt on Larkin Lane on Rt.

SUBDIVISION Scotts Creek BLOCK / SECTION _____ LOT 3 LOT AREA 1.8 ac SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. 13

Septic Tank: 1000 Gallons; STB 1012 Date 2-27-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: Conventional

Repair System Description: Conventional

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 12"

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

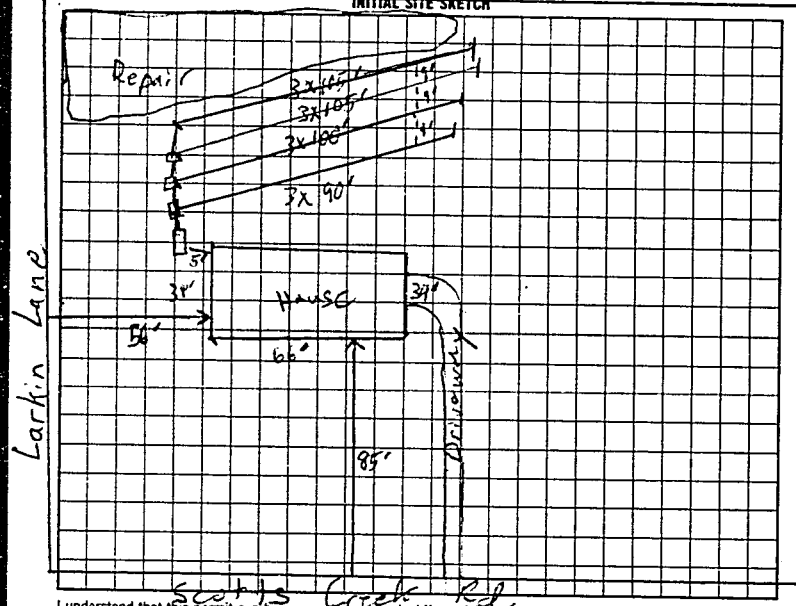
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

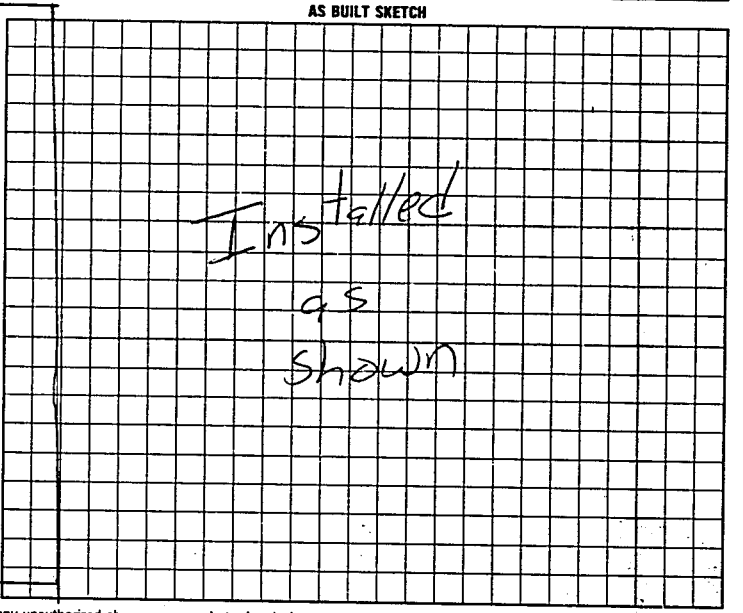
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: Harold Dellinger

Improvement Permit by: D.C. Moore date 8-14-95

Existing System Inspection by: _____ date _____

Installed by: David Yountz

Certificate of Completion by: _____ date _____

Operation Permit by: Mark Cothes date 5-5-97

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

27000