IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 176513

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

PIN # 4707692199

APPLICANT: Ralph & Carolyn Delano APPLICANT ADDRESS: 177 Plum Heaven

SITE ADDRESS: 177 Plum Heaven PHONE: 828 228 0753 ALT. PHONE:

SITE DIRECTIONS: 115 N, (L) at Midway Rd., (R) on Abner (L) on Plum Heaven Lane, all the way to end on (L)

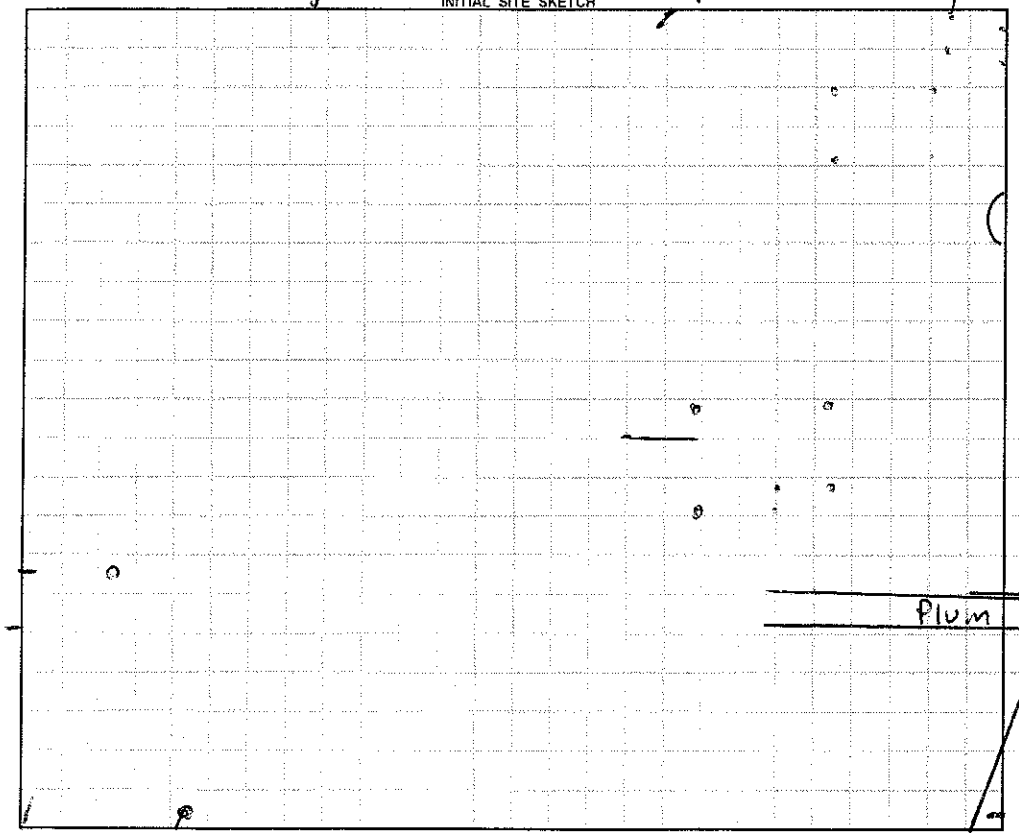
SUBDIVISION: n/a SECTION: n/a LOT # n/a LOT AREA: 5.56 ac DESIGN FLOW: 360 L.T.A.R.: Ex

Septic Tank	Ex	(gal)	STB	Ex	Date	Ex	☐ New System	☐ Repair	☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT		Date		System Description:	Existing			☐ Business	No. Persons		☒ Private
Pump Make		Model			Serial #		Repair System Description:				☐ Other	No. Employees		☐ Public
# Nitrification Fields	Ex	# Lines	Ex		Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	Ex	Max. Trench Bottom Depth	Ex		Gravel Depth	Ex	☒ GRAVITY	☐ PRESSURE			☐ Basement w/ plumbing		☒ Basement w/o plumbing	

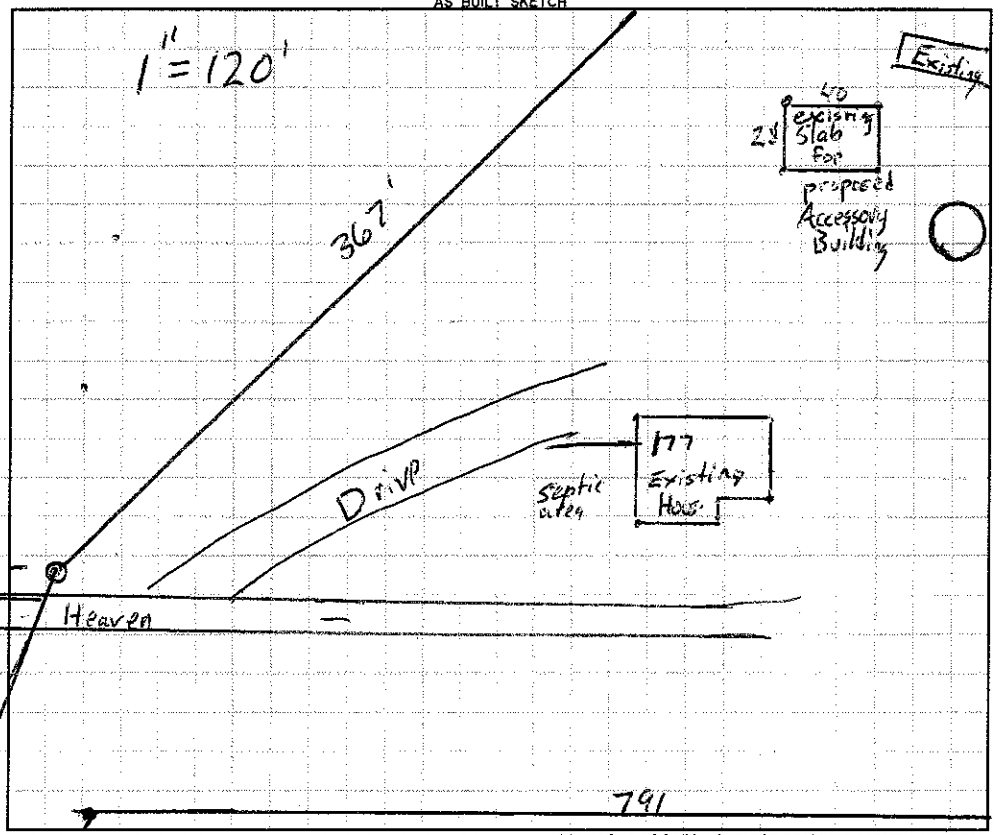
Comments / Conditions:

Original permit could not be located
Septic system does not appear to be impacted by new structure to be placed on existing slab.

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: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: James Date: 1-11-13

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