IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (1B) MOORESVILLE 704-664-5281 (2B)

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

PERMIT# 151864 PIN# 4712131872 DATE 8/25/08

OWNER OR APPLICANT Nelson Dellinger Building PHONE: Business 704-902-0429 Home

ADDRESS 170 Pisgah Church Rd Statesville NC 28625

LOCATION BUFFARD SHOALS RD @ EUDORA COURT BY Railroad Bridge

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1.64 ac SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet EXISTING

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description: GRAVITY (CONVENTIONAL)

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons 4

☐ Business No. Employees

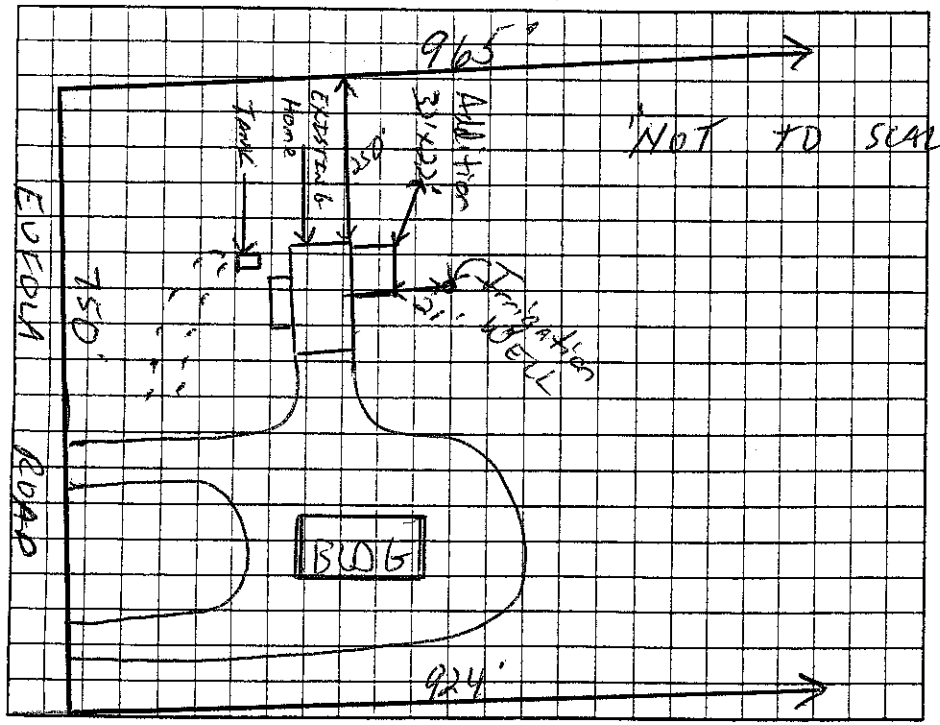
☐ Other

Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments:/Conditions: (1) THIS IS AN EXISTING System Check. FOUND TANK & LINES WERE TO DEEP TO PROBE. (2) NO OLD REPAIR FOUND BUT HOUSE IS A 2 BEDROOM. BUILDER IS ELIMINATING A BEDROOM NOW BEING USED AS AN OFFICE AND ADDING A BEDROOM. EXISTING WELL WILL BE CLOSER THAN 25' SO OWNER IS HOOKING ON TO PUBLIC WATER. (3) Bedroom being eliminated by taking out door casing & making it an unused no door entrance.

INITIAL SITE SKETCH



AS BUILT SKETCH EXISTING WELL WILL BE USED FOR Irrigation.

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: date 8-25-08 Installed by:

Improvement Permit by: date Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: date 8/25/08

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