IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 176445

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

PIN # 4712624383

APPLICANT: Nelson Dellinger Building APPLICANT ADDRESS: 170 Pisgah Ch. Rd.

SITE ADDRESS: 1312 Gufola Rd. Statesville PHONE: 704-902-0429 ALT. PHONE: N/A

SITE DIRECTIONS: Old mt N Rd. TR Buffalo Shoals TR Gufola Property on left.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 5.67 acres DESIGN FLOW: 360 gpd L.T.A.R.: Existing

Septic Tank Existing (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 2 Linear Ft: Ex.
Trench Width Ex. Max. Trench Bottom Depth Ex Gravel Depth Ex.

☐ New System ☐ Repair ☐ Expansion System Type: I ☑ II III IV V VI
System Description: Conventional
Repair System Description:
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

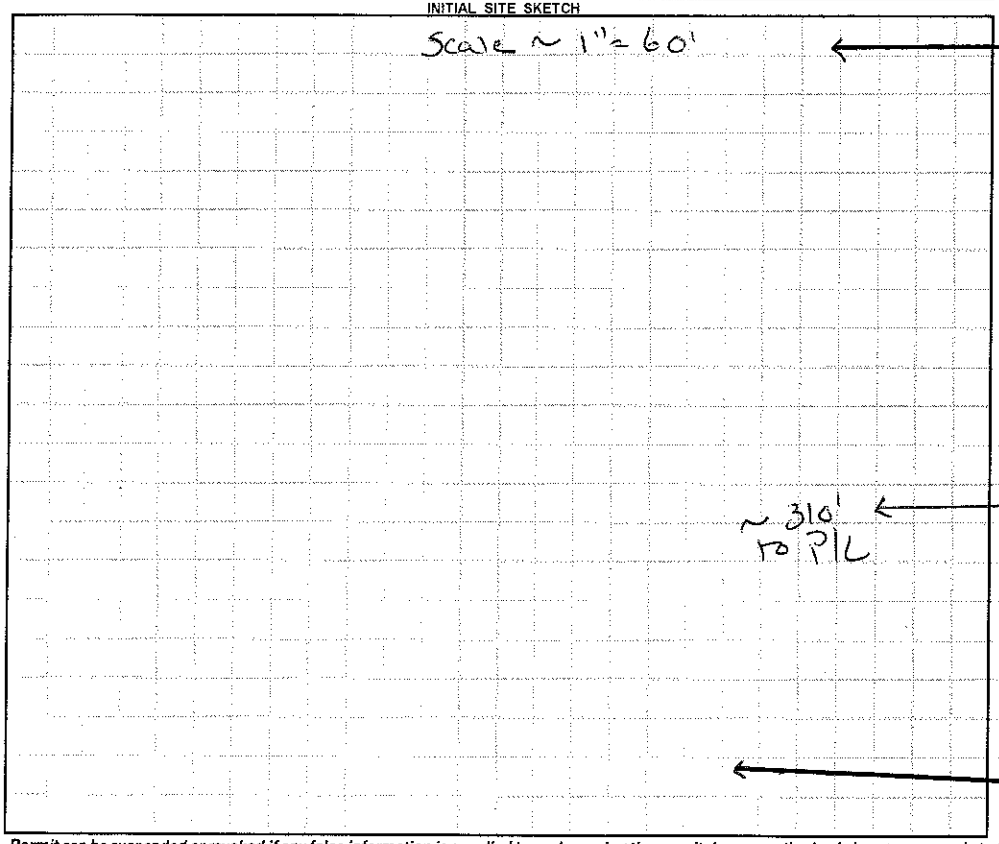
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

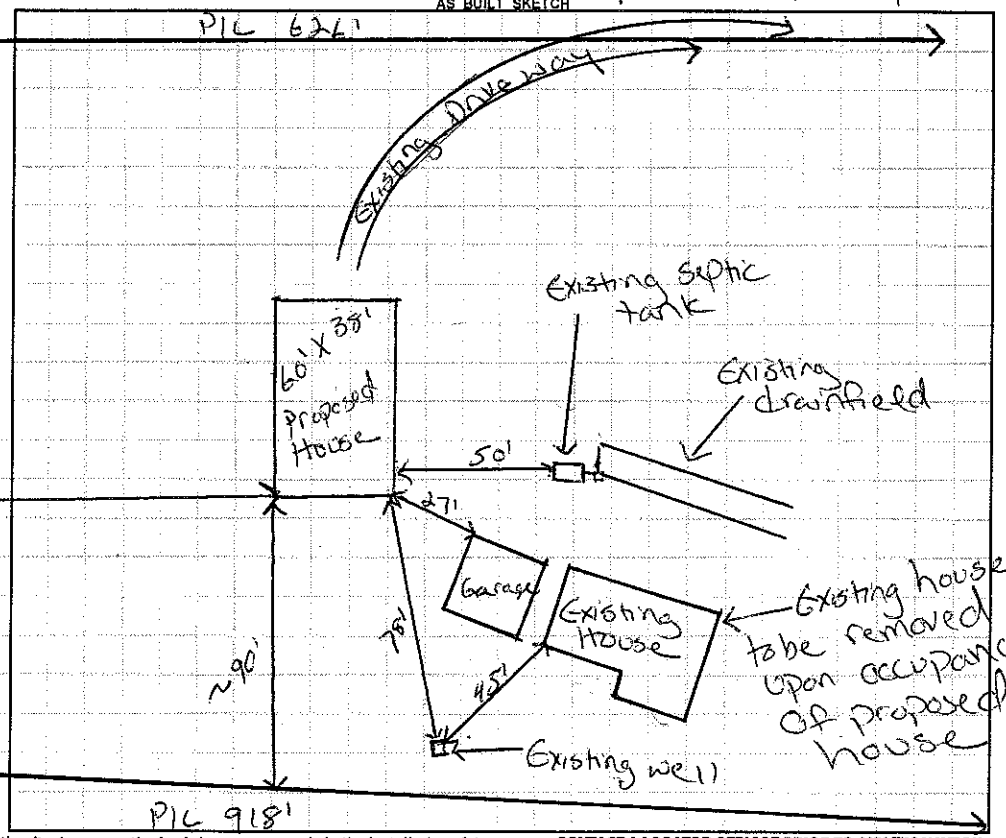
- Disconnect existing house from existing septic system prior to connecting new proposed house to septic system. New house area is a minimum of 25' from well & a minimum of 5' from all parts of septic system.

INITIAL SITE SKETCH

Scale ~ 1" = 60'



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: 1/4/12 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 1-3-12

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