# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 207972

PIN # 4724535378

APPLICANT: Sallie L. Dellinger

APPLICANT ADDRESS: 2826 Newton Dr Statesville NC 28677

SITE ADDRESS: 2826 Newton Dr Statesville NC 28677

PHONE: 704-872-6016 ALT. PHONE: 704-902-0756

SITE DIRECTIONS: 70W past Bristol dr 3 brick structure on right.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: .37ac DESIGN FLOW: 240 L.T.A.R.: 0.3

| | | | | | |
|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 160 | Date | 5-20-15 |
| Pump Tank | N/A (gal) | PT | N/A | Date | N/A |
| Pump Make | N/A | Model | Polylok | Serial # | PL-68 |
| # Nitrification Fields | 1 | # Lines | 3 | Linear Ft: | 45 |
| Trench Width | 9' | Max. Trench Bottom Depth | 48" | Gravel Depth | 24" |

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

System Description:

Repair System Description: Conv Bed

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

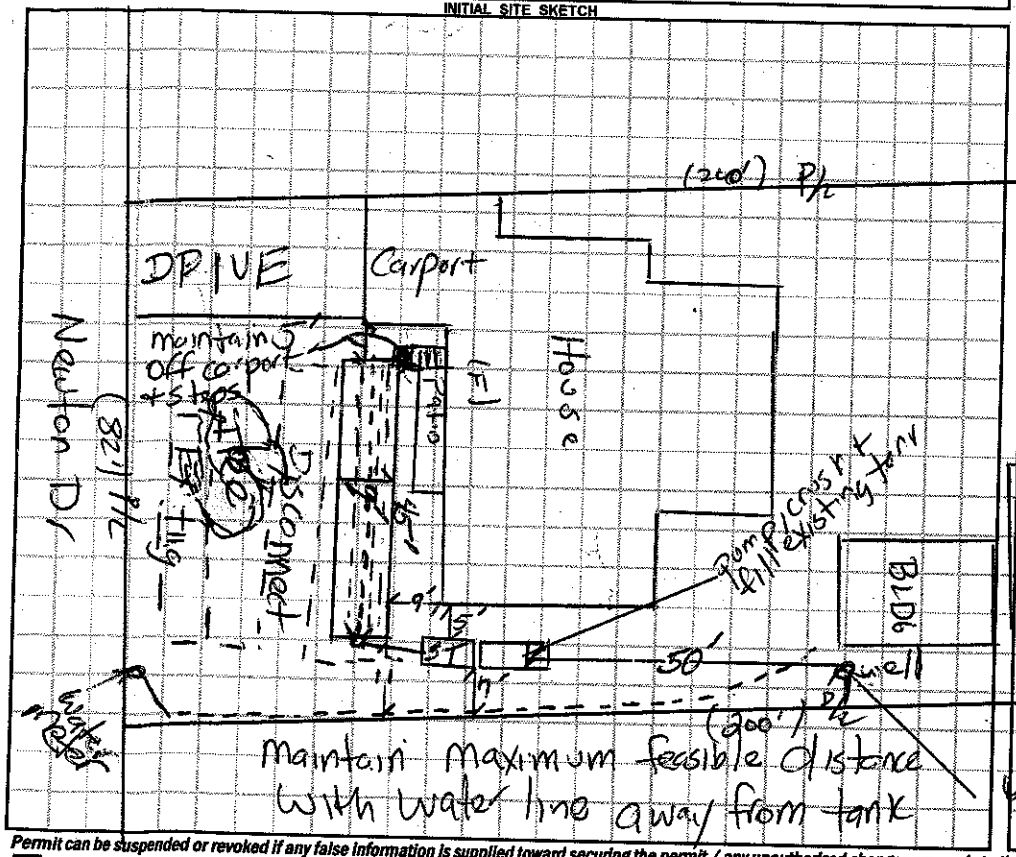
No. Bedrooms 2 No. Persons 4 No. Employees

☒ Crawl Space ☐ Basement w/o plumbing

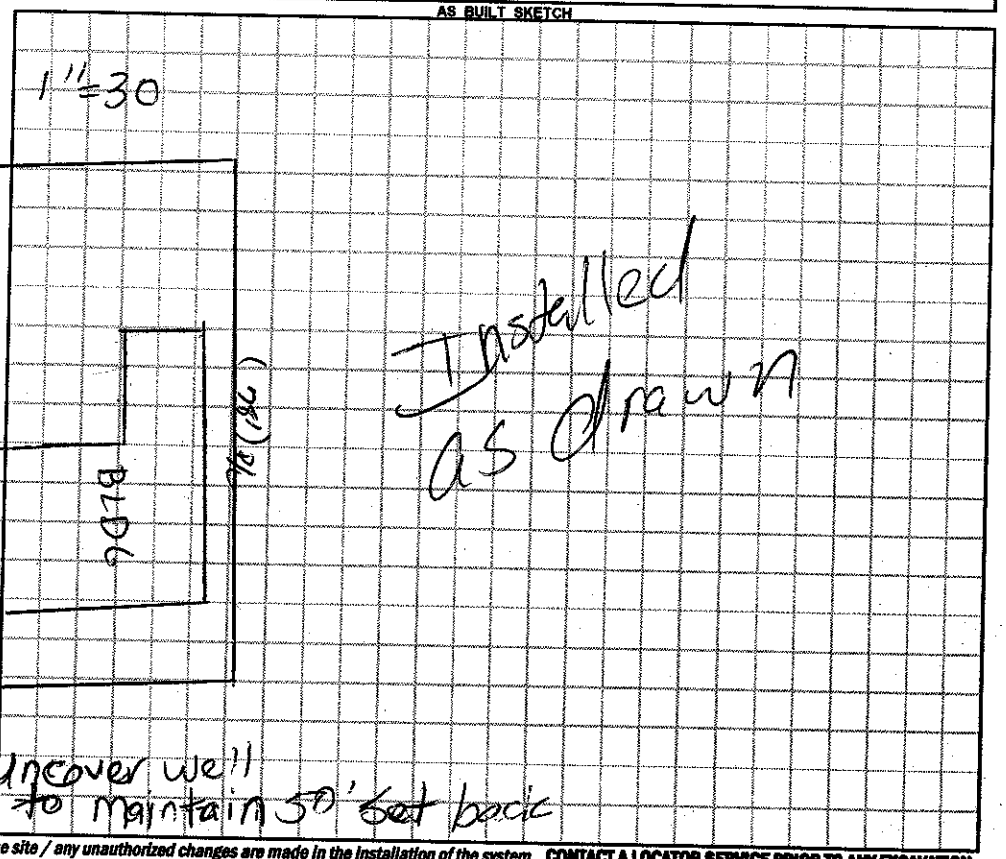
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install 9'x45' bed with D-Box to feed lines. Use 2" of stone

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: Sallie Dellinger Date: 1/29/15

IMPROVEMENT PERMIT by: Date: 01/27/15

AUTHORIZATION TO CONSTRUCT by: Date: 01/27/15

Installed by: Hoyer Byers Rentz Date: 07/01/15

OPERATION PERMIT by: Date:

Existing System Inspected by: Date:

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