IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 204492

APPLICANT: Nelson Dellinger

PIN # 4739608545

SITE ADDRESS: 138 Dodge Drive Statesville NC

APPLICANT ADDRESS: 170 Pisgah Church Rd

SITE DIRECTIONS: 115 N T/R Snow Creek Rd T/R Chipley Ford Rd T/L Dodge Dr

PHONE: 704-902-0429 ALT. PHONE: N/A

SUBDIVISION: Penny Lippard ETAL

SECTION: N/A LOT # 3 LOT AREA: 2.434 ac DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank	Existing (gal)	STB	Date		
Pump Tank	(gal)	PT	Date		
Pump Make	Model		Serial #		
# Nitrification Fields	1	# Lines	1	Linear Ft:	100
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

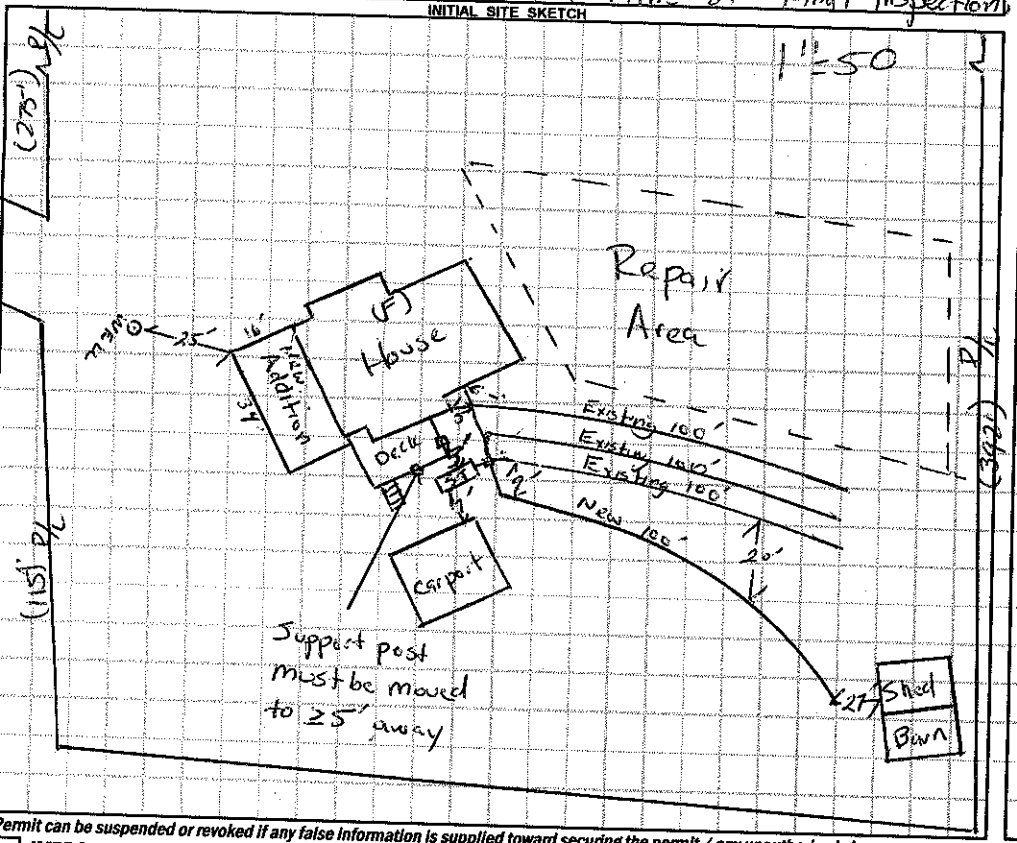
No. Bedrooms 4 No. Persons 8 No. Employees ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

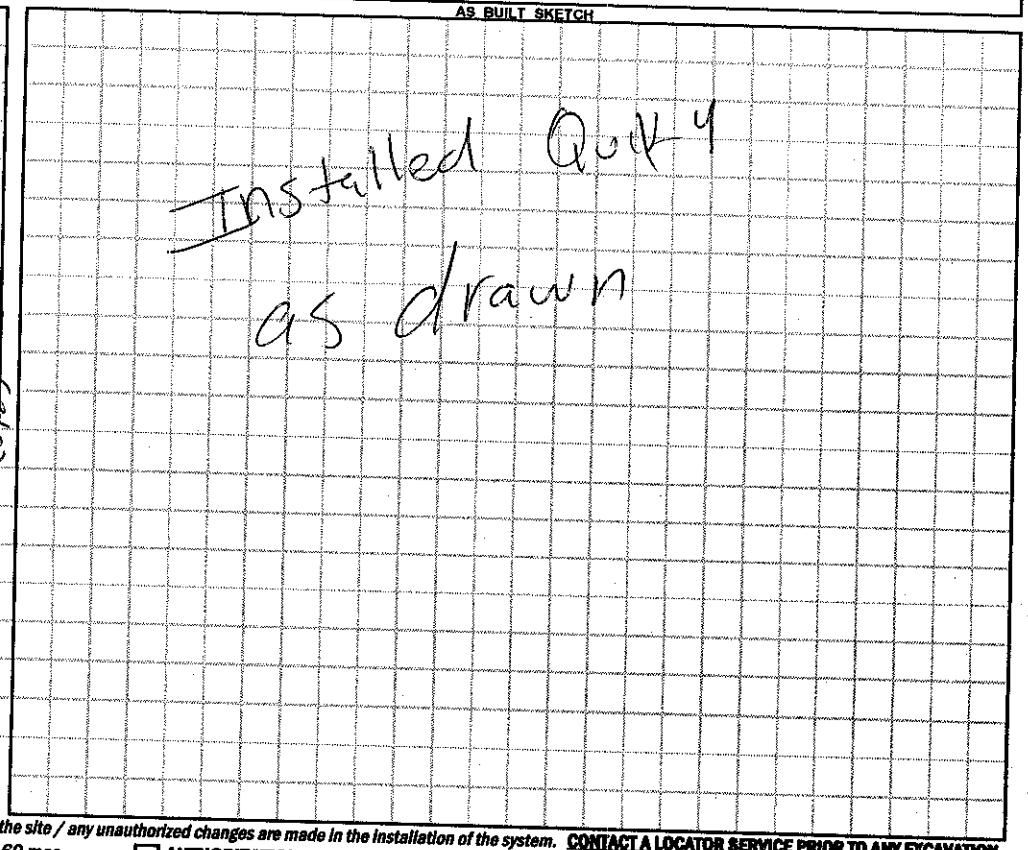
☐ Basement w/o plumbing

Comments / Conditions: Install 25% Reduction on contour with parallel distribution. Maintain 36" trench depth to achieve fall. Use speed level to equal final system. Support post on deck must be moved Before time of final inspection.

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: 9-10-14 Installed by: Yountz Septic

IMPROVEMENT PERMIT by: _____ Date: 09/05/14 OPERATION PERMIT by: _____ Date: 10/28/14

AUTHORIZATION TO CONSTRUCT by: _____ Date: 09/10/14 Existing System Inspected by: _____ Date: _____

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