IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209874

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

PIN # 4753569470

APPLICANT: Bobbi Lasege APPLICANT ADDRESS: 1230 Conover Blvd

SITE ADDRESS: 124 Dellwood Dr Statesville NC PHONE: 828-217-3168 ALT. PHONE: N/A

SITE DIRECTIONS: 40 to highway 70 T/R Dellwood Rd Lot on right

SUBDIVISION: Dellwood SECTION: 51 LOT # 1 LOT AREA: 1.33ac DESIGN FLOW: 480 L.T.A.R.: Ex

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

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

System Description: Existing

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO ☒ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

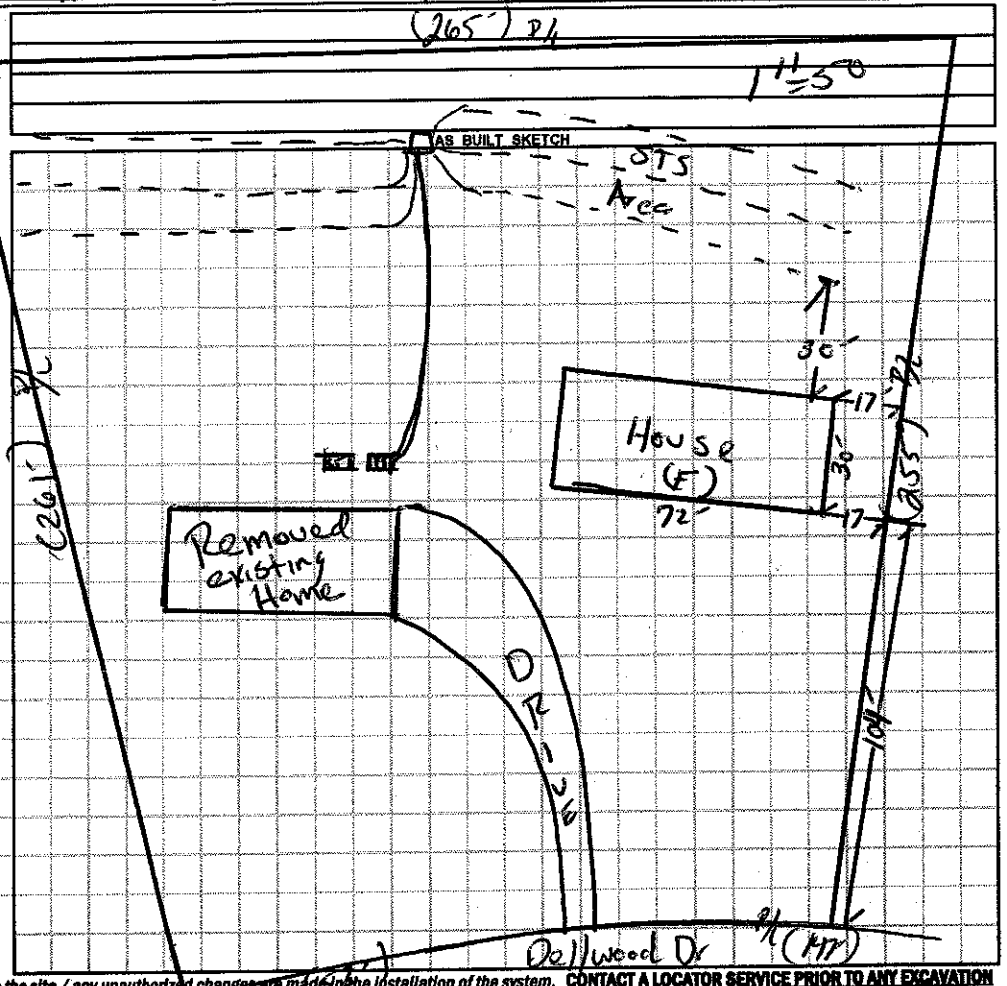
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: All building foundations must be 55' from any part of STS and 25' from any foundation drain

INITIAL SITE SKETCH

* Pump final must be completed when house is in place and before CO is issued *

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: Bobbi Lasege Date: 8/7/15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 08/06/15

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