IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213465

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

PIN # 4756458483

APPLICANT: Joseph Keenan APPLICANT ADDRESS: 305 Wagoners St.

SITE ADDRESS: 132 Dellinger Dr. PHONE: 704-634-2069 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N TR Jane Sowers Rd TR Meadow TL Dellinger

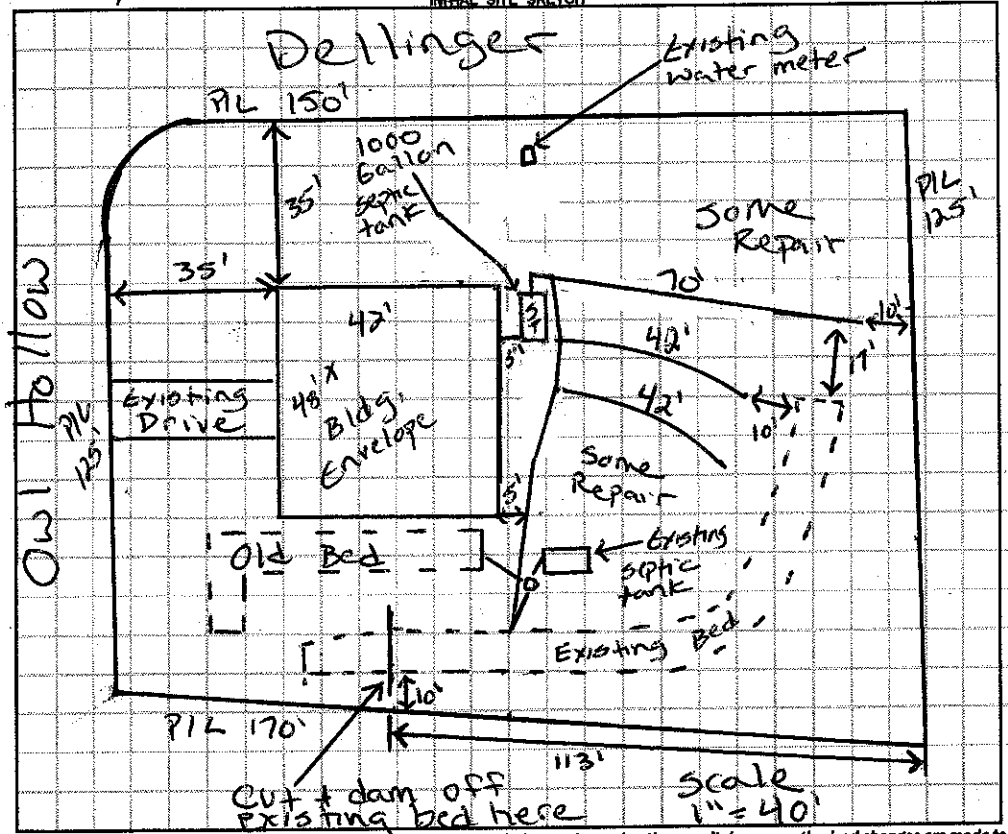
SUBDIVISION: Meadow View Estates SECTION: 52 M1 LOT # 54 LOT AREA: 0.48 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	1012-1000	Date	10-3-15	☐ New System ☐ Repair ☑ Expansion System Type: I II III IV V VI	☑ Residence	No. Bedrooms	3
Pump Tank	(gal)	PT		Date		System Description: 25% Reduction + Existing Bed	☐ Business	No. Persons	6
Pump Make		Model		Serial #		Repair System Description: 50% Reduction	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	3	Linear Ft:	148	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☑ Crawl Space	
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution + connect to existing bed as shown below. Pump + crush existing septic tank. Disconnect + abandon "old bed". Cut + dam existing bed @ location shown below!! Water line must be 10' from all parts of septic system. - Remove existing Bull-Run Valve

INITIAL SITE SKETCH



AS BUILT SKETCH

When connecting new lines to existing beds
- Yellow Tuffline filter installed
- Quick 4 chambers installed on ST
- Risers installed

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: Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Justin Henderson Date: 10-8-15 OPERATION PERMIT by: Justin Henderson Date: 3-24-16

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 10-8-15 Existing System Inspected by: Date:

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