IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 207684

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

PIN # 4756458761

APPLICANT: Manuel Daskalos | APPLICANT ADDRESS: 143 Dellinger Dr Statesville NC 28625

SITE ADDRESS: 143 Dellinger Dr Statesville NC 28625 | PHONE: 704-490-2370 | ALT. PHONE: 704-252-0780

SITE DIRECTIONS: Old Mocksville to Jane Sowers T/L Donna Ln T/R Dellinger Dr 1st on right

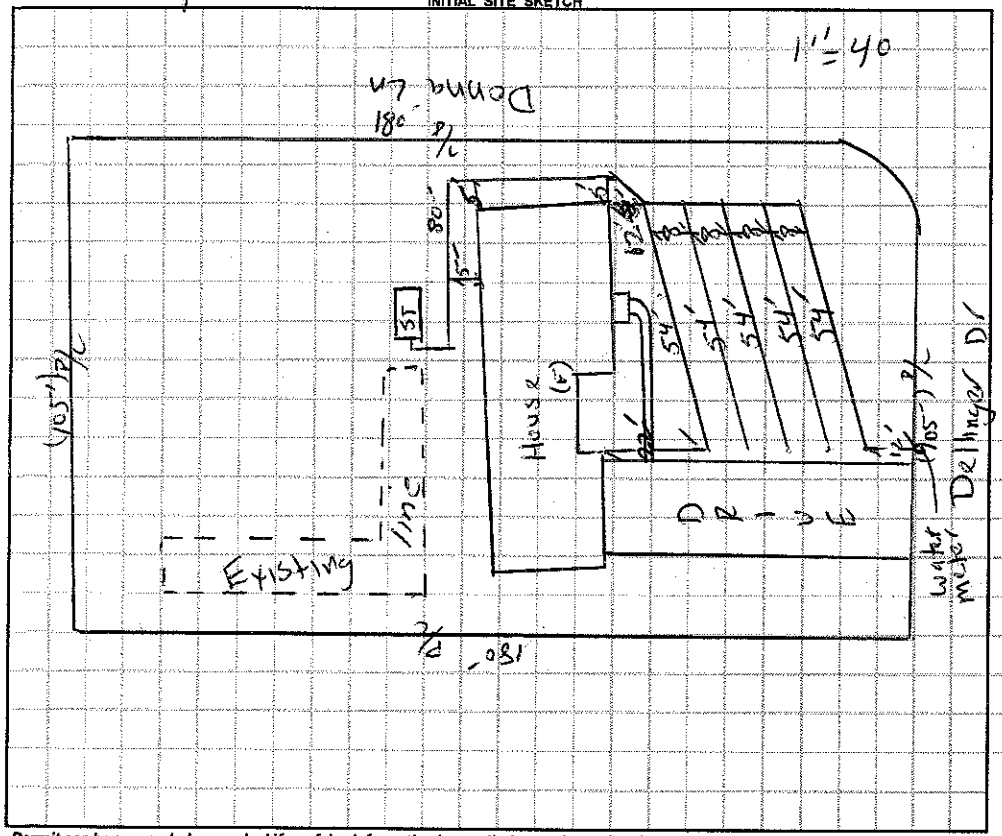
SUBDIVISION: Meadow View Estates | SECTION: Semi | LOT # 45 | LOT AREA: 0.43ac | DESIGN FLOW: 360 | L.T.A.R.: 0.3

Septic Tank	EX	(gal)	STB	Date	☐ New System	☒ Repair	☐ Expansion	System Type: I II ~~III~~ IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT	Date	System Description:	25% Reduction			☐ Business	No. Persons	6	☐ Private
Pump Make		Model		Serial #	Repair System Description:				☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft: 270	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☒ Community
Trench Width	36"	Max Trench Bottom Depth	36"	Gravel Depth N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing		

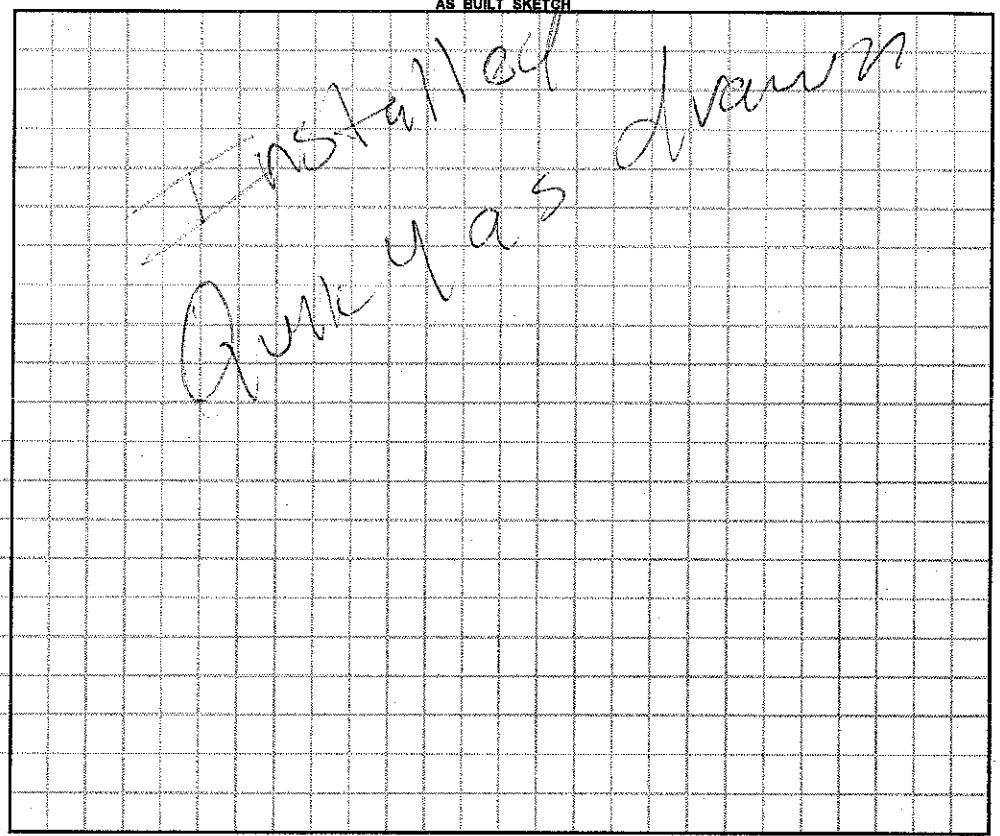
Comments / Conditions: Install 25% reduction on contour with Serial distribution. Maintain 5' off any property line. Check tank, check tee replace if needed.

* Must maintain 36" trench depth *

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: Jennifer Daskalos | Date: 1/5/15 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: [signature] | Date: 1/5/15 | OPERATION PERMIT by: [signature] | Date: 01/31/17

AUTHORIZATION TO CONSTRUCT by: [signature] | Date: 1/15/15 | Existing System Inspected by: | Date:

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