IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 225402

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

PIN # 4756-56-3013

APPLICANT: KEVIN OSBORNE APPLICANT ADDRESS: 1616 DELLINGER LN. - STATESVILLE

SITE ADDRESS: SAME PHONE: 336-528-1247 ALT. PHONE:

SITE DIRECTIONS: 21N, SANE SOWERS, TR DONNA, TL DELLINGER ON R

SUBDIVISION: MEADOW VIEW SECTION: 2 LOT # 59 LOT AREA: .46 AC DESIGN FLOW: L.T.A.R.: .225

Septic Tank 1000 (gal) STB 1012 Date 5-8-16

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 198'

Trench Width 36" Max. Trench Bottom Depth 28" Gravel Depth

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

System Description:

Repair System Description: 25% + GRAVEL

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

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

No. Bedrooms 3 No. Persons 6 No. Employees ☑ Crawl Space

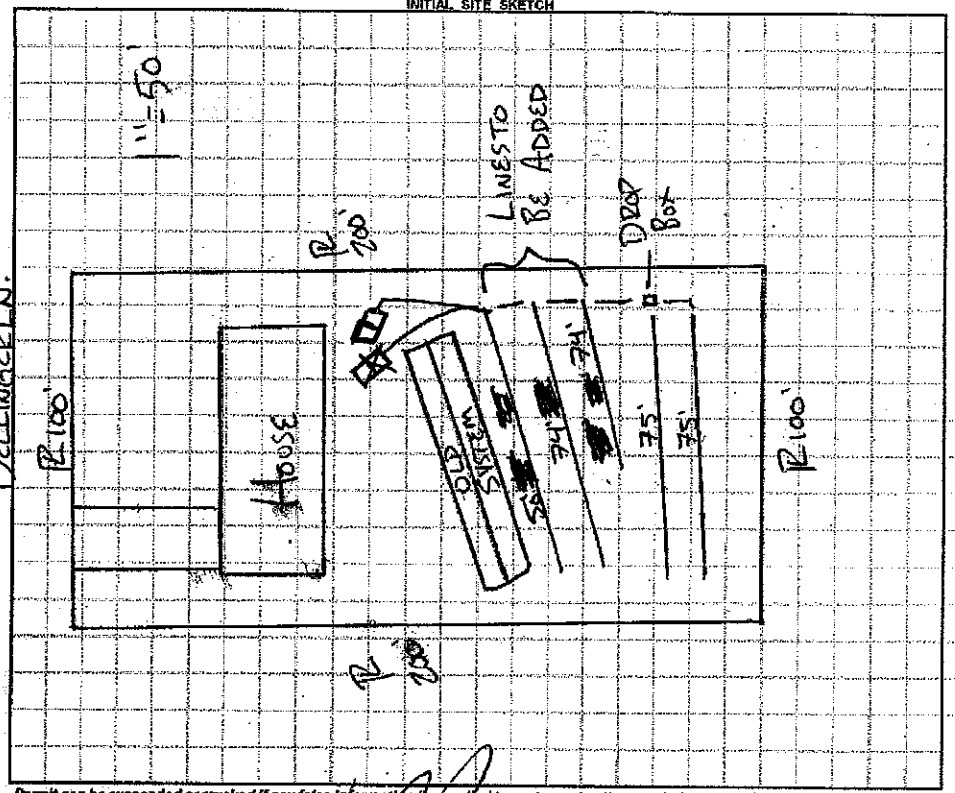
Water Supply: ☐ Private ☑ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: UNHOOK FROM OLD SYSTEM. HOOK UP TO NEW SYSTEM AS SHOWN. SYSTEM DOES NOT MEET REQUIREMENTS FOR 3 BR. BPJ SYSTEM. INSTALL FILTER IN TANK.

NEW TANK SET WHERE SHOWN JA

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: 3-17-17 Installed by: STEVE JORDAN

IMPROVEMENT PERMIT by: Date: 3-15-17 OPERATION PERMIT by: Date: 4-20-17

AUTHORIZATION TO CONSTRUCT by: Date: 3-15-17 Existing System Inspected by: Date:

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