IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

1210

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

PERMIT# 094055 PIN# 4627 86 4906 DATE 6/4/03

OWNER OR CONTRACTOR Rodney W. Tucker PHONE: Business _____ Home 704-664-9099

ADDRESS 126 Purple Finch Ln. Mooresville, NC. 28117

LOCATION 150' W TL Paradise Peninsula TL Green Bay Rd. ~ 1 mile on (R)

SUBDIVISION C L + T BLOCK / SECTION 10 LOT 126 LOT AREA .85AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 10/28/03
Pump Tank: 1000 Gallons; PT 29 Date 1/13/04
Pump Make: Zoeller Model 153 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 * Linear Feet 300 *
No Lines 4@75' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth No

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: PM → 259 Reduced Drainfield
Repair System Description: Same
Maintenance Agreement Required: [ ] Yes [X] No

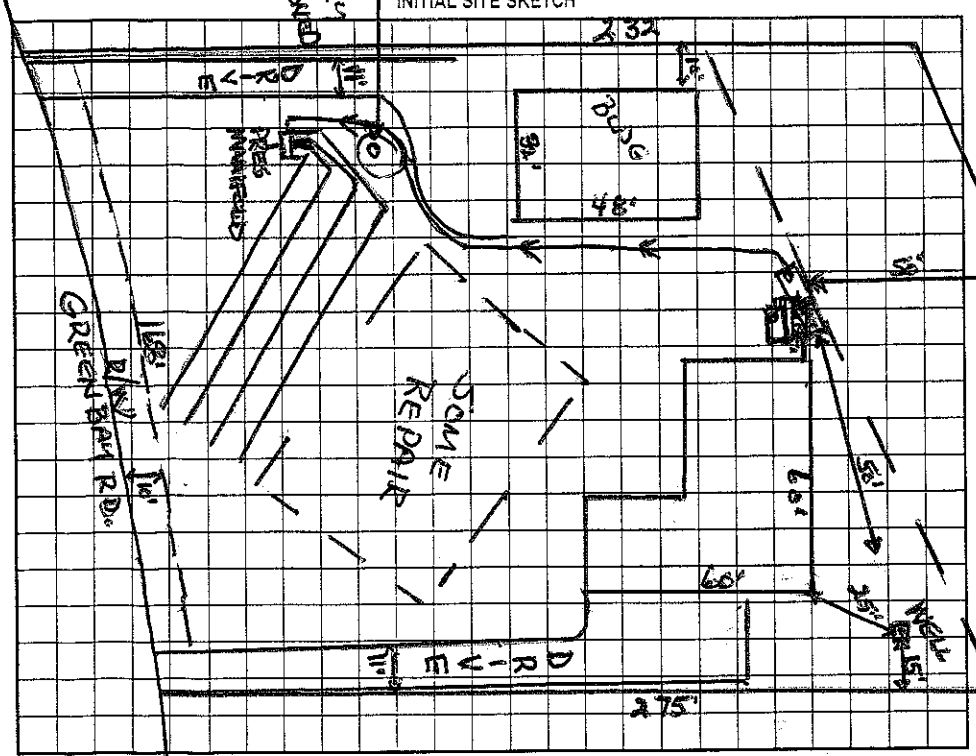
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees _____
[ ] Other _____
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

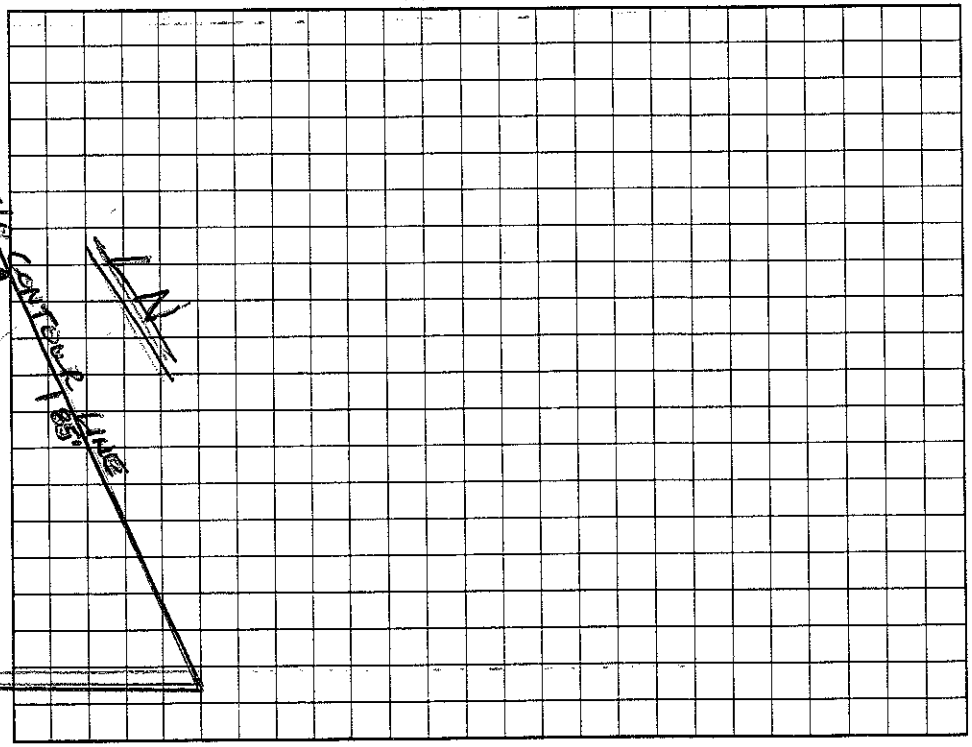
Comments/Conditions: * EZ LAY OR CHAMBERED PLASTIC
*EXISTING WELL MUST BE PROPERLY ABANDONED BEFORE SYSTEM MAY BE INSTALLED.

Comments/Conditions: EZ Flow installed

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: * Donna Tucker date 6-5-03 Installed by: Willie Chastenbury

Improvement Permit by: Wesley Sparks RS. date 6/5/03 Operation Permit by: Wesley Sparks RS. date 2/17/04

Authorization to Construct by: Wesley Sparks RS date 6/5/03 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK