IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct 4649 37 6708

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

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 25876 DATE 1/23/97 TAX MAP NO. 3F A 22 Watershed: X Yes ☐ No

OWNER OR CONTRACTOR Orel Tucker PHONE: Business 464-2611-374 Home 528-1087

ADDRESS 1228 Carlyle Rd. Trentmon, NC. 28166

LOCATION Perth Rd N TR Fern Hill Rd. Ft Carlyle Rd ~.3 mile on (R)

SUBDIVISION N/A BLOCK / SECTION ____ LOT ____ LOT AREA ~2AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 11/16/98

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 535

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: CONVENTIONAL - DIST BOX

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes X No

☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

X House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

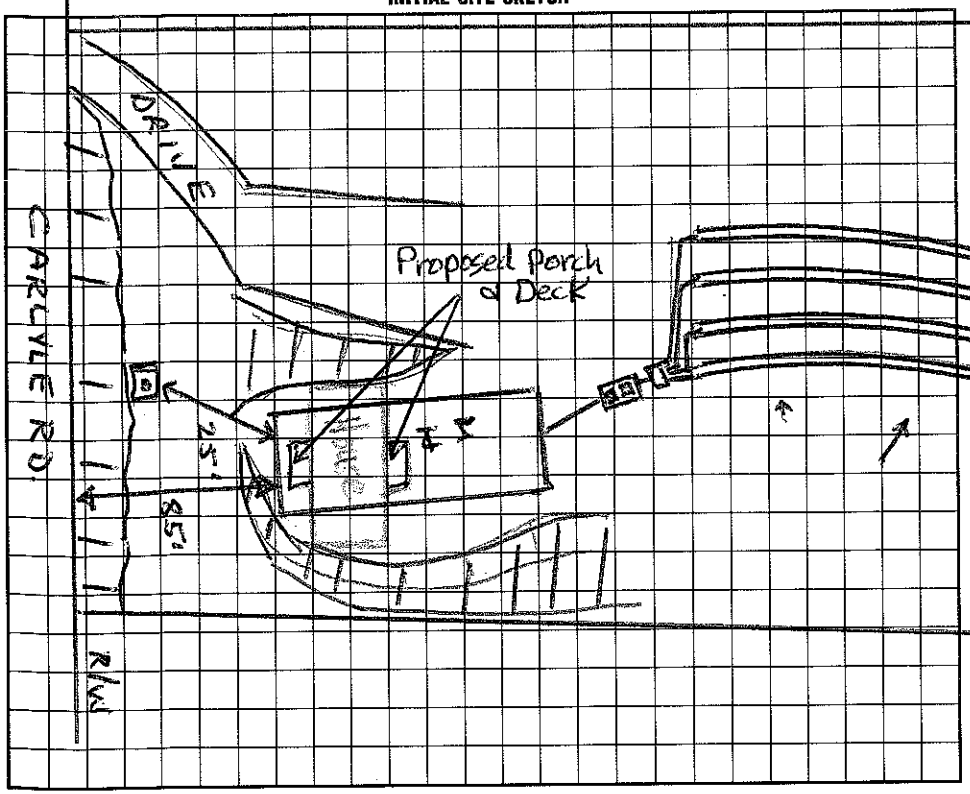
☐ Other ____

Water Supply: X Individual ☐ Community ☐ Public

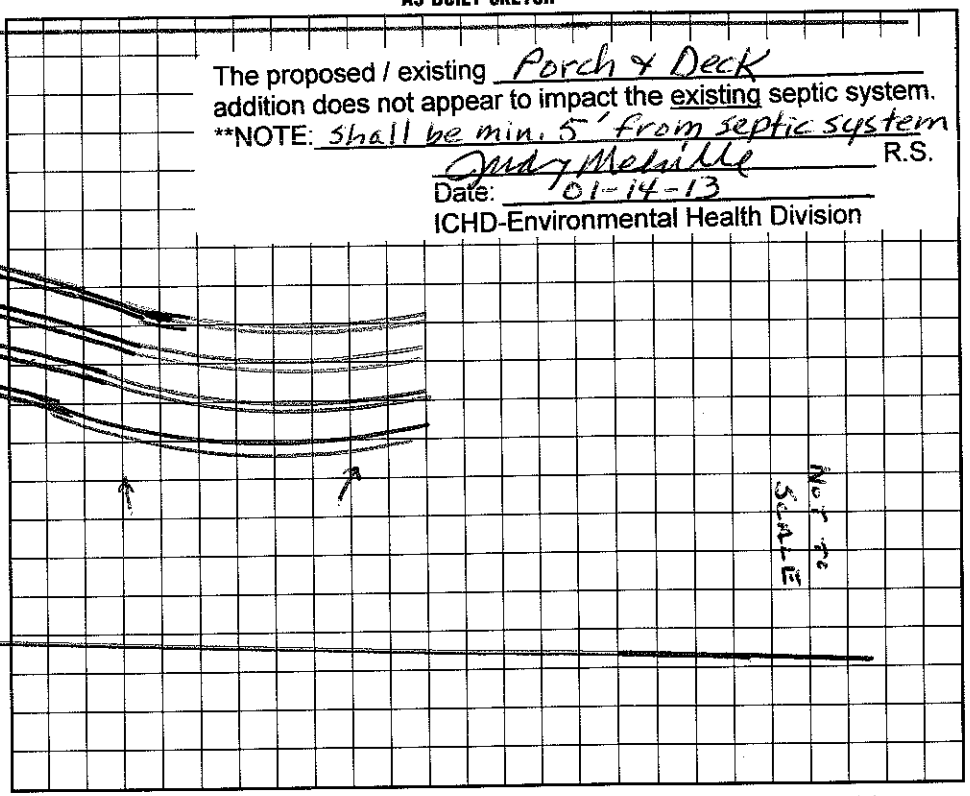
Comments: Spread Levelers Required
Lines installed on slope contour as shown

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing Porch & Deck addition does not appear to impact the existing septic system.
**NOTE: Shall be min. 5' from septic system
Judy Melville R.S.
Date: 01-14-13
ICHD-Environmental Health Division

I understand that this 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 is valid for 60 months from date of issuance.

Signed: Orel Tucker

Improvement Permit by: Wesley Sparks R.S. date 1/23/97

Existing System Inspection by: Wesley Sparks RS date 1/23/97

Installed by: Tommy Fryar

Certificate of Completion by: Wesley Sparks R.S. date 2/9/99

Operation Permit by: ____ date ____

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