IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1286602 PIN# 4659659370 DATE 6-24-05

OWNER OR CONTRACTOR Ronald Tucker PHONE: Business 663-3544 Home 663-0121

ADDRESS 155 Staff Ln Mooresville, NC 28115

LOCATION Hwy 115 North TR Shepherd Rd TL Staff Ln on left almost at end

SUBDIVISION Shepherds Field BLOCK / SECTION ____ LOT 7 LOT AREA 1.41 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 5/9/05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: Gravity-Conventional

Repair System Description: Same

Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home No. Bedrooms 3

[X] Mobile Home No. Bathrooms 2

[ ] Business No. Employees ____

[ ] Other ____

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

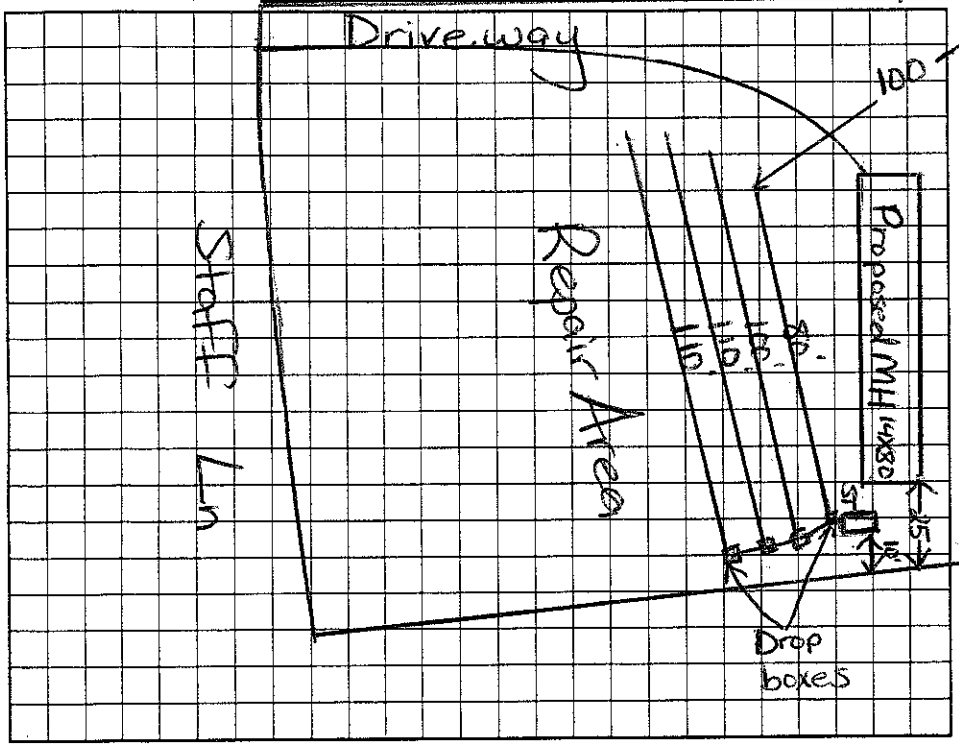
Water Supply: [X] Individual Shared [ ] Public w/Neighbor [ ] Community

Comments:/Conditions: Keep Septic System 10' From PL & 100' to well

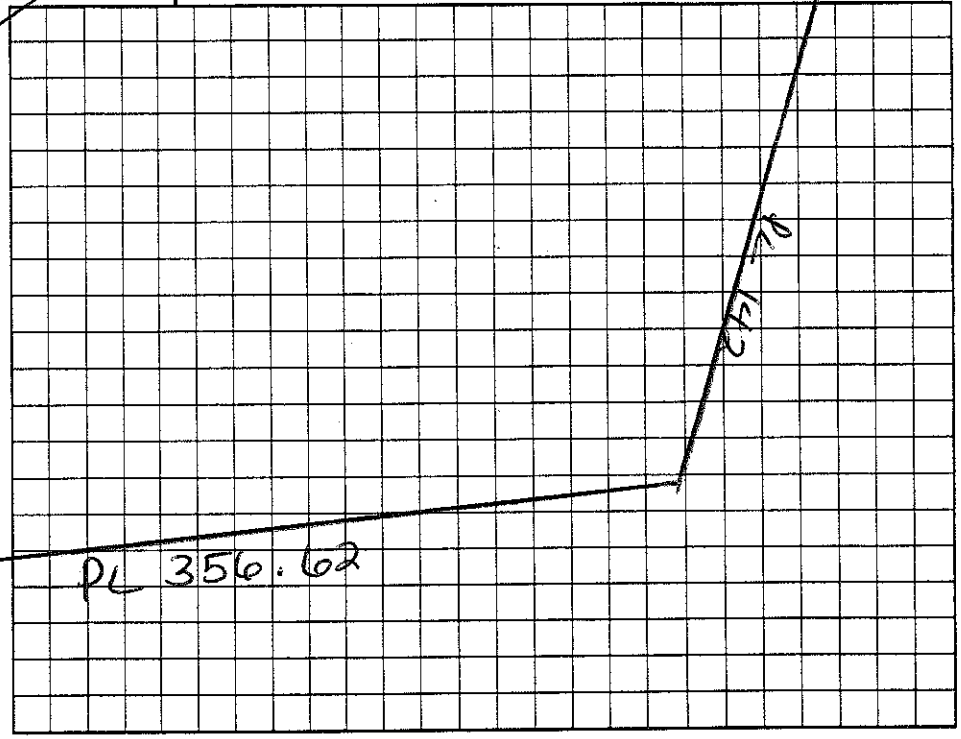
Scale 1:50

Comments:/Conditions: Existing Well

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: R Tucker date 6-24-05 Installed by: Larry Beam

Improvement Permit by: Maria H Dotson RS date 6/24/05 Operation Permit by: ____ date 7/6/05

Authorization to Construct by: Maria H Dotson RS date 6/24/05 Existing System Inspection by: ____ date ____

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