IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208000

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

PIN # 4659659370

APPLICANT: Ronald Tucker APPLICANT ADDRESS: P.O. Box 1534 Mooresville, NC 28115

SITE ADDRESS: 155 Staff Ln Mooresville, NC 28115 PHONE: ALT. PHONE: Joyce 704 662-5568

SITE DIRECTIONS: Hwy 115 N TR Shepherd Rd TL Staff Ln on left almost at end

SUBDIVISION: Shepherd's Field SECTION: LOT # 7 LOT AREA: 1.41 Acre DESIGN FLOW: 360gpd L.T.A.R.: .3

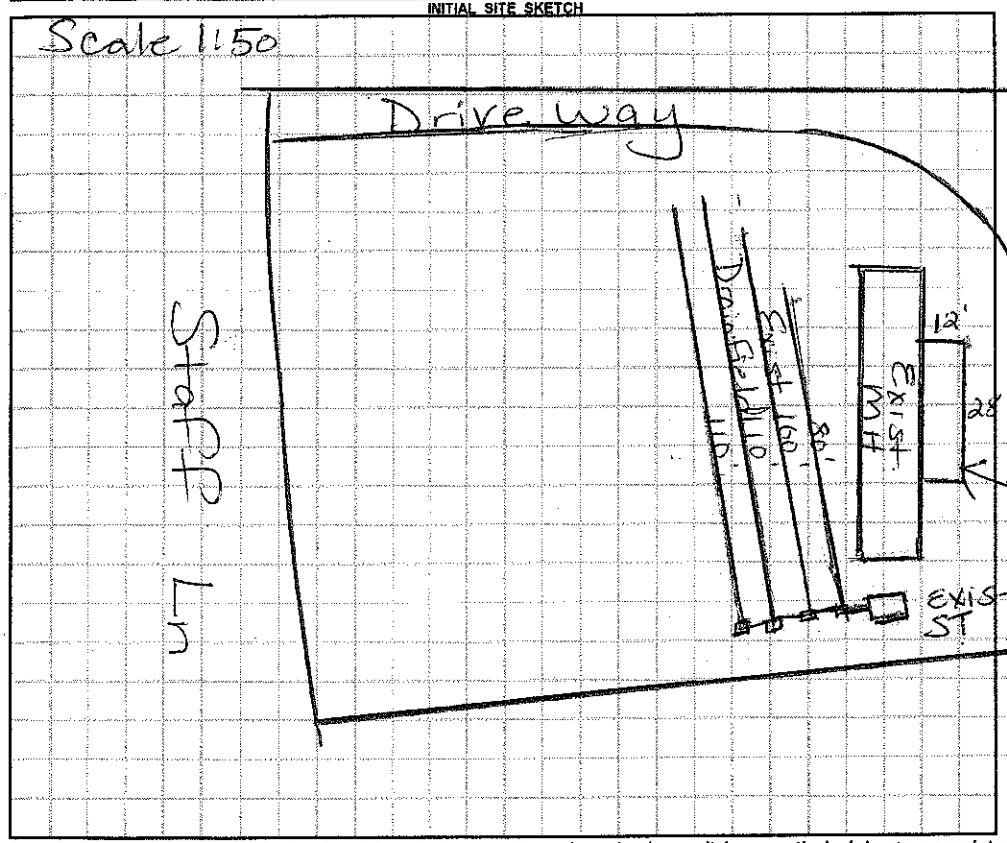
Exist

Septic Tank	1000 (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: Exist Gravity - Conventional		☐ Business	No. Persons	6	☒ Private Shared
Pump Make	Model		Serial #	Repair System Description: Same		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1 # Lines	1200'	Linear Ft: 400'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36" Max. Trench Bottom Depth	24"	Gravel Depth 12"	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing		

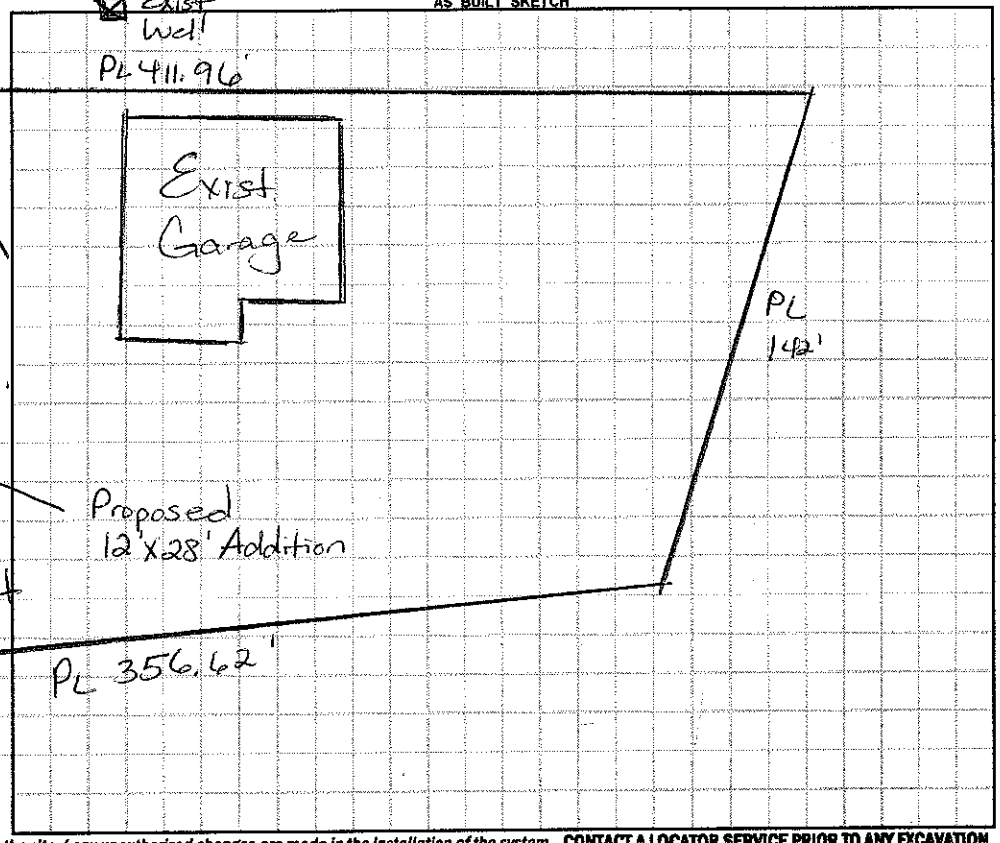
Comments / Conditions: The existing Septic System "appears" to be functioning okay at the time of the inspection

Location of the proposed Kitchen/Living room addition does not appear to impact the existing Septic System.

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: Joyce Tucker Date: 2-25-15 Installed by: Larry Beam 7/6/05

IMPROVEMENT PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date:

OPERATION PERMIT by: Date:

Existing System Inspected by: Marion Dotson RS Date: 2/24/15

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