IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 207568

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

PIN # 4704509555

APPLICANT: Milton Tucker APPLICANT ADDRESS: 235 Beulah Rd.

SITE ADDRESS: 235 Beulah Rd. PHONE: 704-902-0633 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 70W TR Old Mtn Rd TL Beulah Rd.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 86.151 acres DESIGN FLOW: 480gpd L.T.A.R.: 0.275

Septic Tank 1000 (gal) STB Date 1/26/16
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 436'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

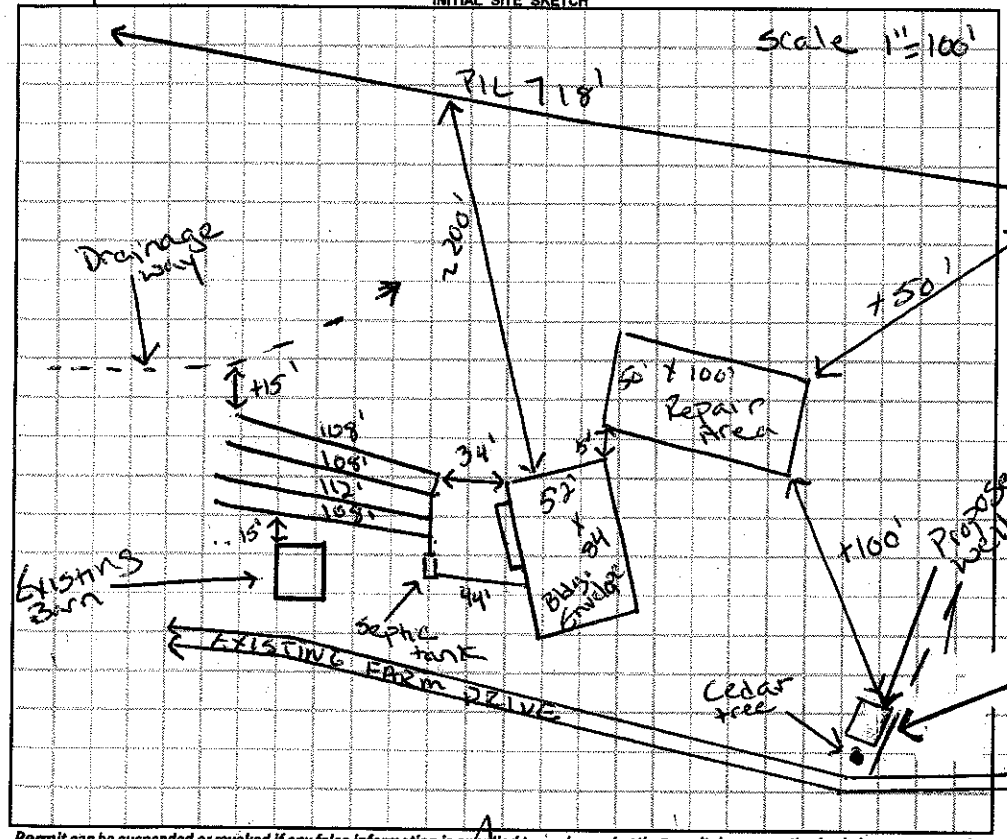
☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Reduction
Repair System Description: DRIP
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Stab ☐ Basement w/plumbing
No. Bedrooms 4 No. Persons 8 No. Employees
☐ Crawl Space ☑ Basement w/o plumbing

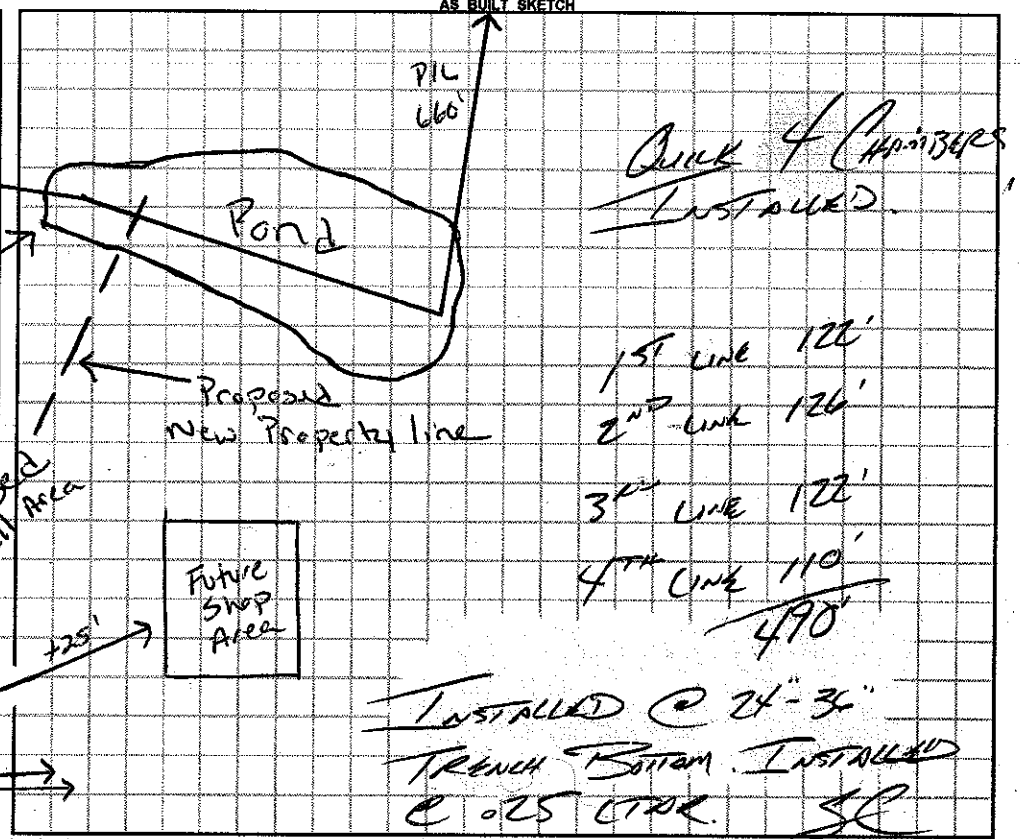
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: IMPROVEMENTS ONLY; submit floor plan & sub-divide & record property prior to issuance of CA's. Install a 25% Reduction System on contour with serial distribution. ★ Install Trench Bottoms @ 36" ★★

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: Installed by: Tucker Grading

IMPROVEMENT PERMIT by: Justin Henderson Date: 3-24-15 OPERATION PERMIT by: Date: 3/2/16

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 5-27-15 Existing System Inspected by: Date:

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