IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# Repair DATE 7-27-99

OWNER OR CONTRACTOR William T. Tucker PHONE: Business _____ Home _____

ADDRESS 211 Ashbrook Rd Statesville NC

LOCATION 40 W TL Stamey Farm Tr Ashbrook

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS P/S DESIGN FLOW 360 L.T.A.R. .82 Ex

Septic Tank: DDREx Gallons: STB — Date —
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 280±
No Lines 4 Trench Width 36in Max Trench Bottom Depth 36in

☐ New System ☒ Repair System Type: I, II, III, IV, V, VI
System Description: _____
Repair System Description: Gravity Conventional
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

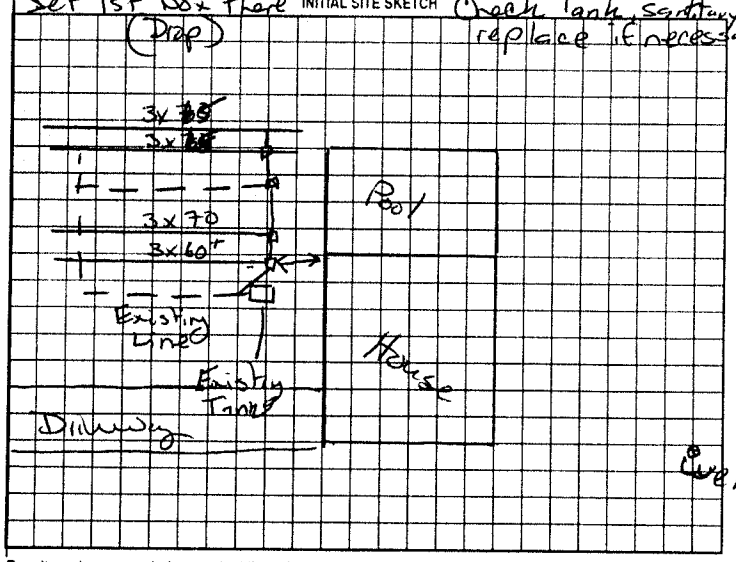
Gravel Depth 18in ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

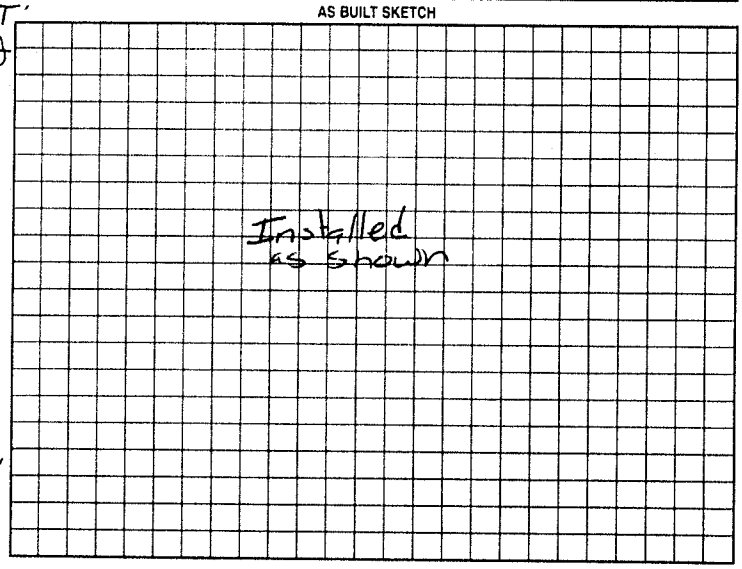
Comments/Conditions: Install 4 lines on contour, 2 lines above old line, 2 lines below - upper line 10ft from house corner, Tie into existing line as shown - if old line from tank usable set 1st Box there

Comments/Conditions

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: William T. Tucker date 7-27-99
Improvement Permit by: Mary Cox RS date 7-27-99
Authorization to Construct by: Mary Cox RS date 7-27-99

Installed by: James Hudler
Operation Permit by: Mary Cox RS date 8-26-99
Existing System Inspection by: _____ date _____

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