IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10258 PIN# 4722-56-0060 DATE 6/17/02

OWNER OR CONTRACTOR Mark & Amy Tucker PHONE: Business _____ Home 704-647-9725

ADDRESS 640 Lipe Rd Mt. Ulla NC 28125

LOCATION Old Mtn. Rd, TR Compton Park, on Lt across from Church.

SUBDIVISION Rumple BLOCK / SECTION _____ LOT 12 LOT AREA 0.50 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35

Septic Tank: 1000 Gallons: STB 312 Date 5-26-02

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1032' Linear Feet 344

No Lines 4 @ 86' 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: Gravity Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

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

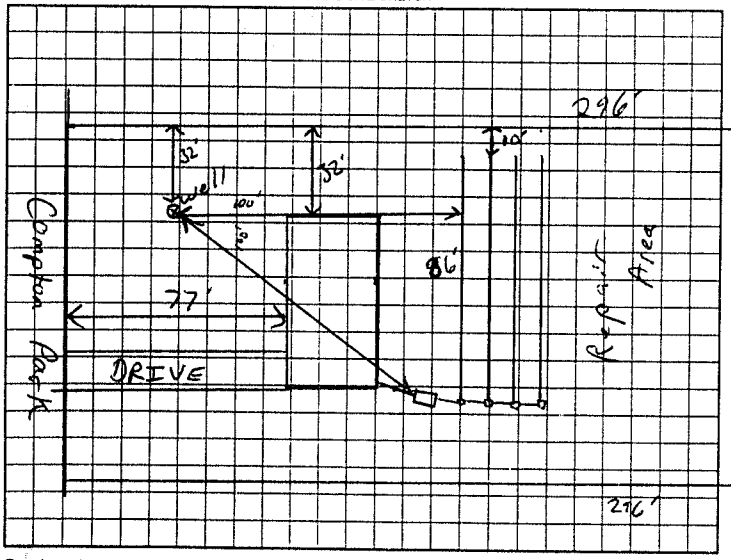
Water Supply: X Individual ☐ Public ☐ Community

Comments/Conditions:

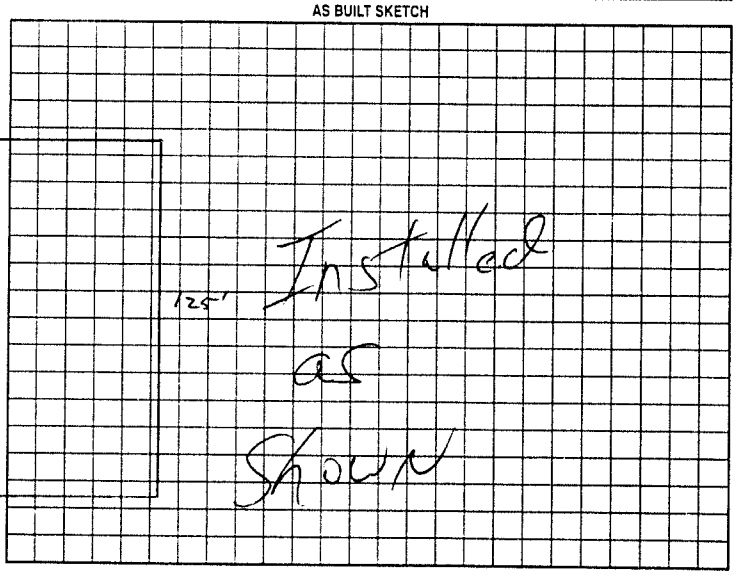
OK to switch tank to Left side - Keep well 100' from all parts of septic system

Comments/Conditions: - ST. marker Installed.
- Zabel Filter Installed

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: _____ date 6/17/02 Installed by: Ves Lytton

Improvement ~~Permit~~ by: RS date 6/17/02 Operation Permit by: William O. Johnson date 9/4/02

Authorization to Construct by: RS date 6/17/02 Existing System Inspection by: _____ date _____

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