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# 9724 94 9254 DATE 10/11/05

OWNER OR CONTRACTOR MICHAEL TUCKER PHONE: Business 704 450 0515 Home

ADDRESS 228 BAYMOUNT DR STATESVILLE, NC 28625

LOCATION 40W (R) 64E (R) HICKORY HWY (70W) (L) GRIER (L) RAYON 3RD (L) 2040 RAYON ST

SUBDIVISION RAYON PARK BLOCK / SECTION IV LOT ~~133~~ 13/ LOT AREA .26 ACRES SITE CLASS. DESIGN FLOW 240 L.T.A.R.

Septic Tank: EXIST / 1000 Gallons; STB 3/2 Date 9-7-05
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet EXIST Linear Feet EXIST
No Lines EXIST Trench Width EXIST Max Trench Bottom Depth EXIST Gravel Depth EXIST

☐ New System ☒ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVEL BED
Repair System Description: CONVENTIONAL
Maintenance Agreement Required: ☐ Yes ☒ No

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

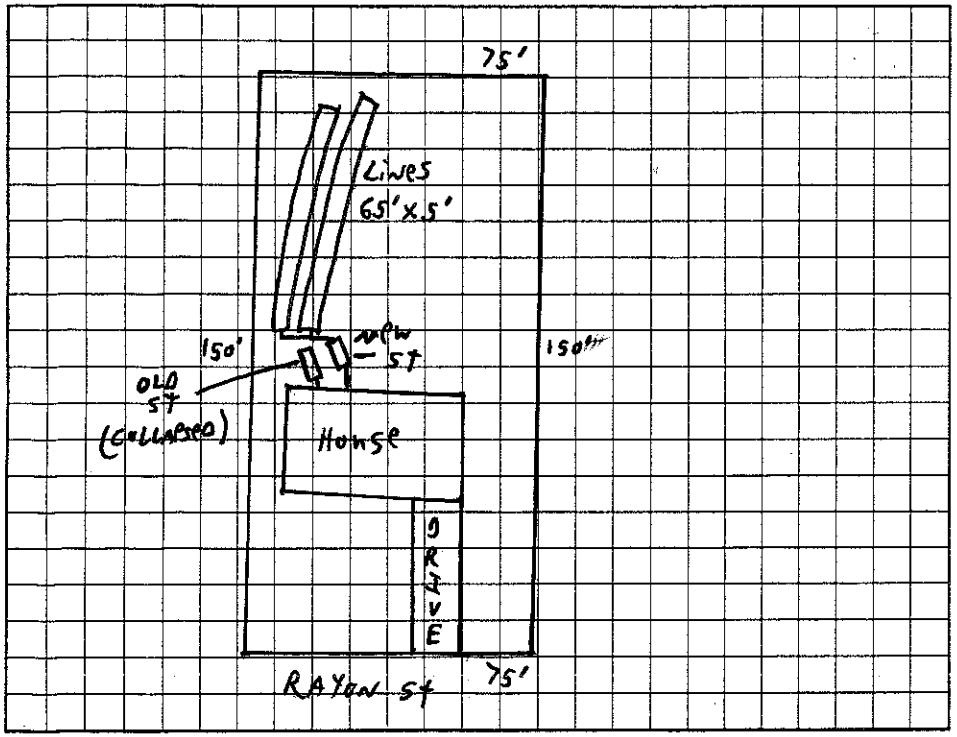
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

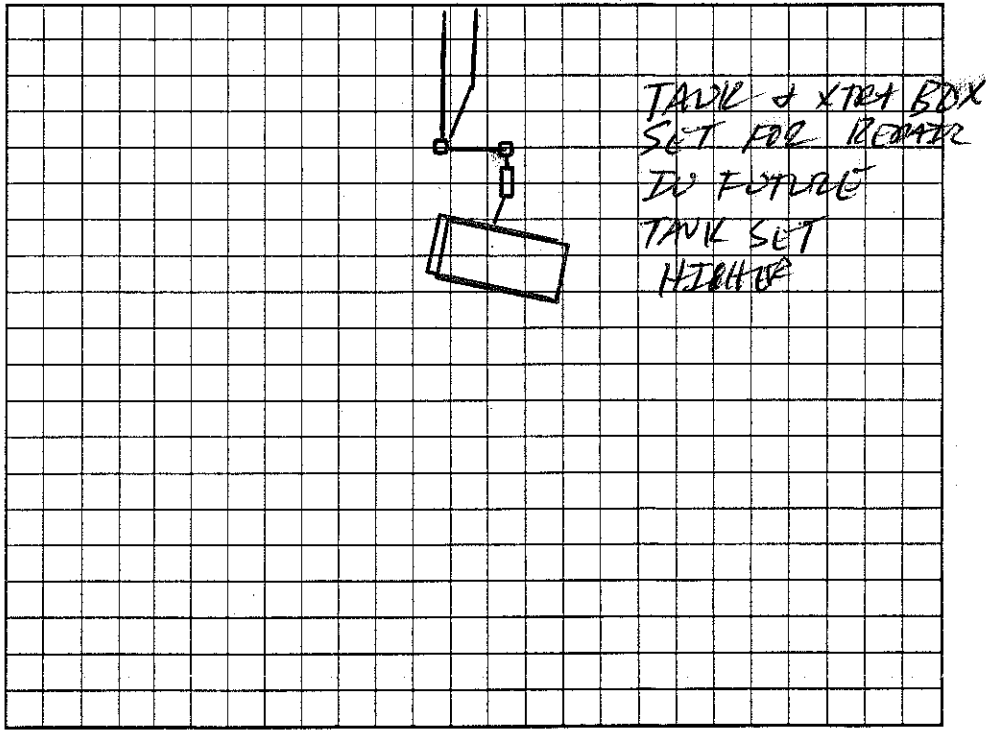
Comments:/Conditions: DISCONNECT OLD SEPTIC TANK. INSTALL NEW SEPTIC TANK AND FILL IN OLD TANK

Comments:/Conditions: POLYLOK FILTER & MARKER

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: Michael A. Tucker date 10/12/05 Installed by: WES LAYTON

Improvement Permit by: [signature] date 10/11/05 Operation Permit by: [signature] date 10-19-05

Authorization to Construct by: [signature] date 10/11/05 Existing System Inspection by: date

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