IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. REPAIR DATE 12-15-97 TAX MAP NO. 4724 94 9254 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR MICHAEL J. TUCKER PHONE: Business 878-3229 Home 876-1846

ADDRESS 2040 RAYON STREET STATESVILLE NC

LOCATION US 70 W, TL GRIER STREET, TL RAYON STREET, 3RD LOT ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 75' x 150' SITE CLASS: PS DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 180 Linear Feet 60

No Lines ONE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 24"

☐ New System ☑ Repair System Type: I, II, III, IV, V, VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

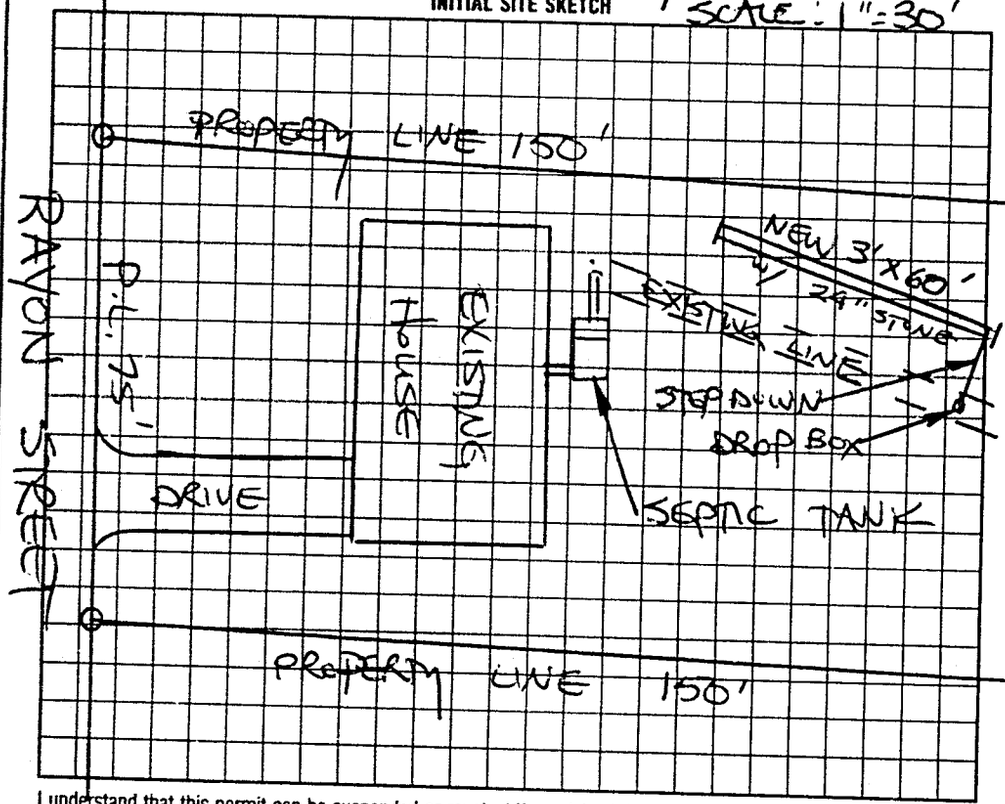
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: ① PUMP-OUT EXISTING SEPTIC TANK — REPLACE SANITARY TEE IF NECESSARY ② INSTALL NEW 3' x 60' LINE AS SHOWN USING 24" STONE ③ WORK TO BE COMPLETED BY 1-15-97

Comments:

INITIAL SITE SKETCH SCALE: 1" = 30'



AS BUILT SKETCH

Same as Initial Sketch

I understand that this 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 is valid for 60 months from date of issuance. AUTHORIZATION TO CONSTRUCT IS VALID FOR A PERIOD OF 60 MONTHS FROM DATE OF ISSUE

Signed: X Roger Thomas

Improvement Permit by: STEVE HEDRICK date 12-15-97

AUTH. TO CONST.

Existing System Inspection by: STEVE HEDRICK date 12-15-97

Installed by: WES BYTHON

~~Certificate of Completion by:~~ _____ date _____

Operation Permit by: C. C. Moore date 1-21-98

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