10130 M. Tucker

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83978 PIN# 4741975035

OWNER OR CONTRACTOR ROBERT BARKLEY PHONE: Business _____ Home 664-3276 DATE 6/8/00

ADDRESS 612 RIVER HWY. MOORESVILLE NC 28115

LOCATION OSWALT AMITY - TL PILCH. TL PEAR TREE. ½ MILE CNRT

SUBDIVISION BARKLEY BLOCK / SECTION _____ LOT 2 LOT AREA 3 1AC PT+ SITE CLASS PS DESIGN FLOW 300GPD L.T.A.R. .36 PD/FT

Septic Tank: 1000 Gallons; STB 312 Date 6 25 00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: PUMP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

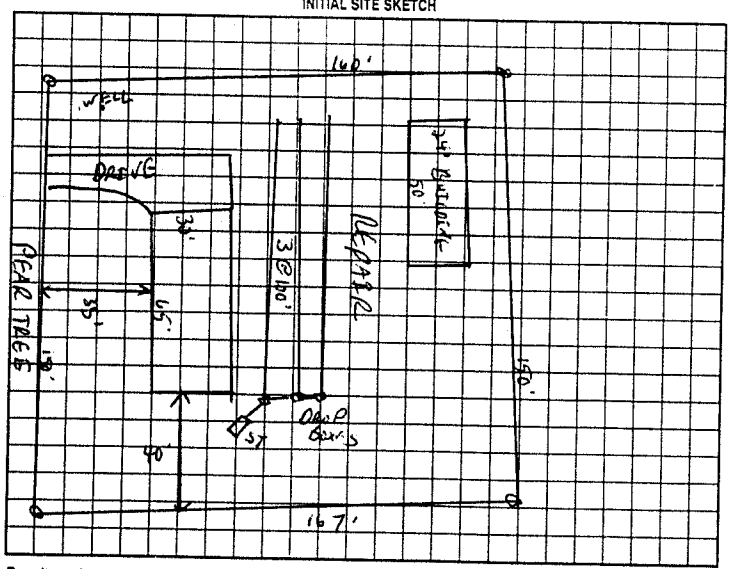
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

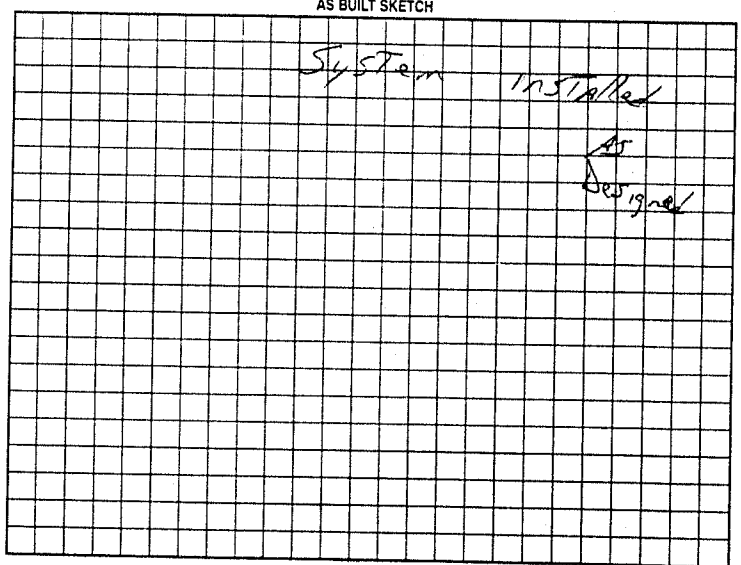
Comments/Conditions: BUILDING MAY HAVE PLUMBING IF EJECTOR PUMP IS INSTALLED TO PUMP TO SEPTIC TANK.

Comments/Conditions: Zabel Filter used

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: Joe Rucker date 6-9-00

Improvement Permit by: C. Hyatt RS date 6/8/00

Authorization to Construct by: C. Hyatt RS date 6/8/00

Installed by: Tucker Hauling & Grading

Operation Permit by: J. Potter date July 28-00

Existing System Inspection by: _____ date _____

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