IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE 9-7-99

OWNER OR CONTRACTOR Zula Hoover PHONE: Business _____ Home 872 6970

ADDRESS 264 Tucker Rd

LOCATION Amity Hill Rd Turn Tucker Rd at ent on Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA acerage SITE CLASS: PS DESIGN FLOW 240 L.T.A.R. .2

Septic Tank: Ex. Gallons: STB _____ Date _____
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☑ Repair System Type: I. II. III. IV. V. VI
System Description: _____
Repair System Description: conv. Grquity
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

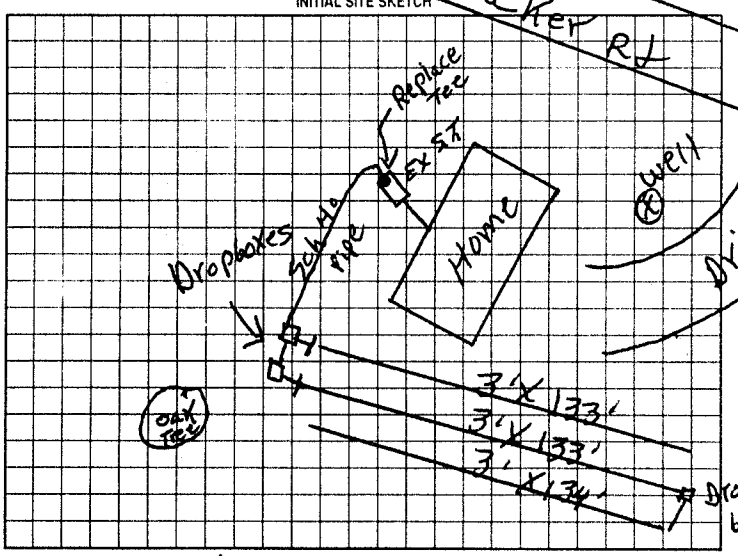
☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees ___
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions:

Comments Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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: x Helen Harless date 9/7/99 Installed by: Tommy Frye

Improvement Permit by: P.C. Moore date 9-7-99 Operation Permit by: P.C. Moore date 10-6-99

Authorization to Construct by: P.C. Moore date 9-7-99 Existing System Inspection by _____ date _____

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