# I[…]ELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 149200 PIN# 4753843773

OWNER OR APPLICANT Kevin Tucker DATE 4-3-08

ADDRESS 327 Oates Road Statesville NC 28677 PHONE: Business ______ Home 704-252-4107

LOCATION 70 E to Shiloh Rd Turn rt onto Shiloh Lot on left

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA 7.07 SITE CLASS. B DESIGN FLOW 480/150 L.T.A.R. .25 / .2

Septic Tank: 1000 Gallons; STB 194 Date 8-14-08

Basement Pump Tank: 1000 Gallons; STB 312 Date 8-14-08

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 2 Square Feet 1920 / 1600 Linear Feet 480 / 150

No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: 25% Gravel

Repair System Description: 25% Pump PM

Maintenance Agreement Required: ☐ Yes ☑ No

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

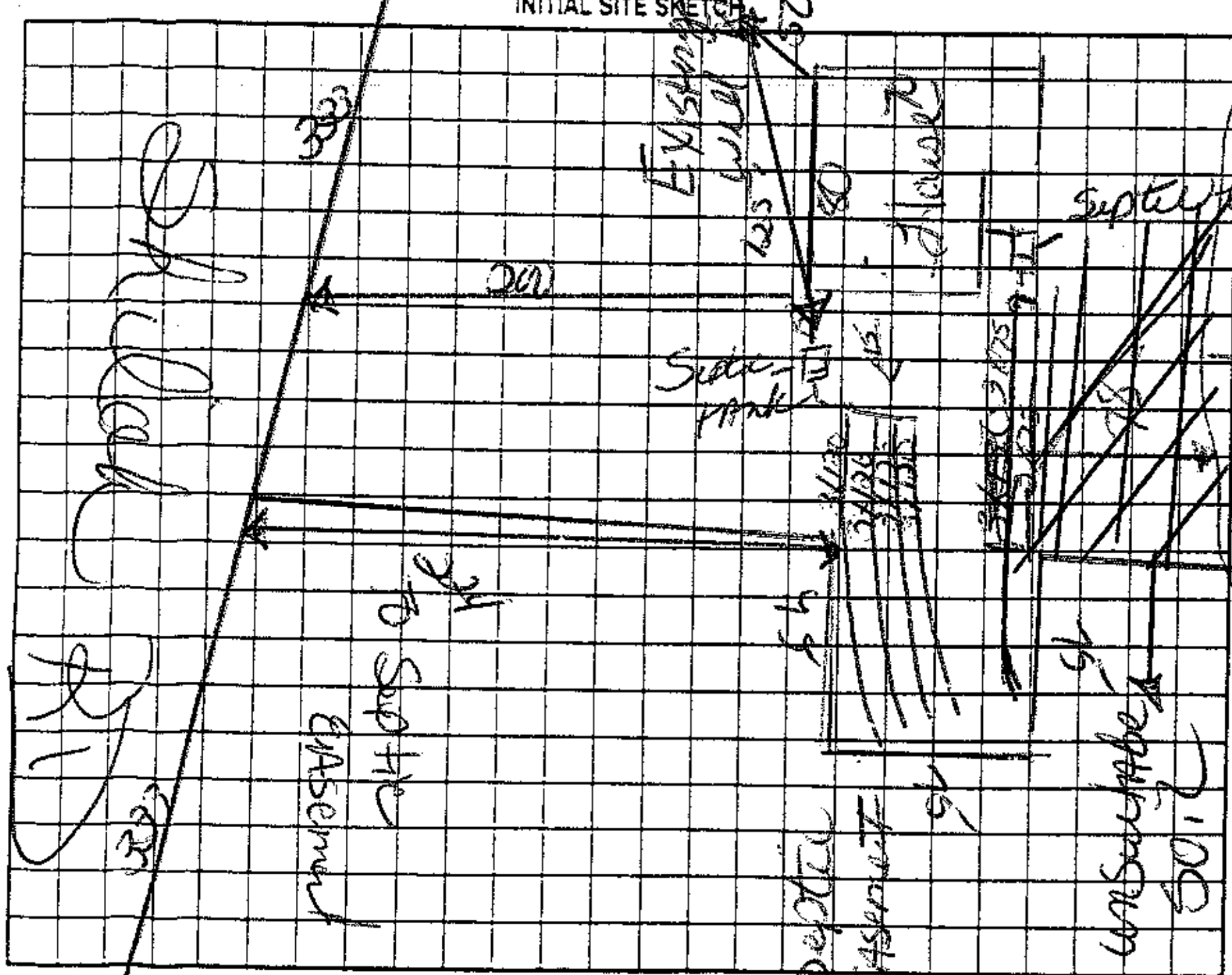
☑ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Persons ______
☐ Business No. Employees ______
☐ Other ______

Water Supply: ☑ Individual ☐ Public ☐ Community

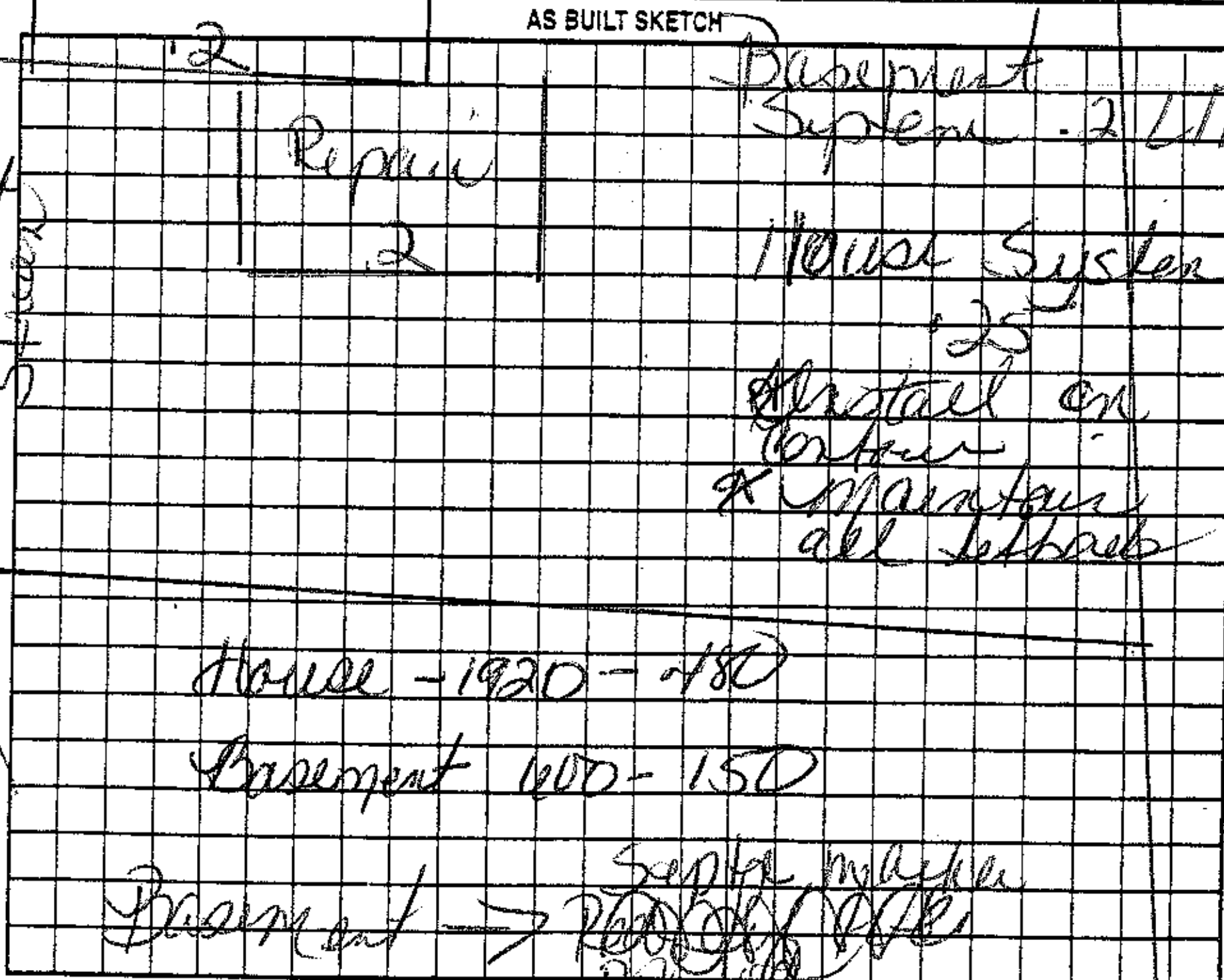
Comments/Conditions: Basement 36" max trench 24" trench with

Comments/Conditions: upper → Red-Polk Road Septic 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: [signature] date 4-6-08

Improvement Permit by: [signature] Cook date 4-3-08

Authorization to Construct by: [signature] Cook date 4-3-08

Installed by: Richard Abernathy

Operation Permit by: [signature] Cook date 10/15/08

Existing System Inspection by: ______ date ______

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