IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094601 PIN# 4769397075 DATE 4-23-01

OWNER OR CONTRACTOR MARTY TUCKER PHONE: Business Home 704-873-2617

ADDRESS 392 DOVER RD, STATESVILLE, NC 28677

LOCATION 64 E, @ BELL FARM RD, ON RIGHT BEFORE END

SUBDIVISION ——— BLOCK / SECTION ——— LOT ——— LOT AREA 2.7713AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB 794 Date 10-16-01
Pump Tank: ——— Gallons; PT ——— Date ———
Pump Make: ——— Model ——— Serial No. ———
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 300'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: ~~I~~ II III IV V VI
System Description: GRAY - CHAMBERS
Repair System Description: GRAY - CHAMBERS
Maintenance Agreement Required: [ ] Yes [X] No

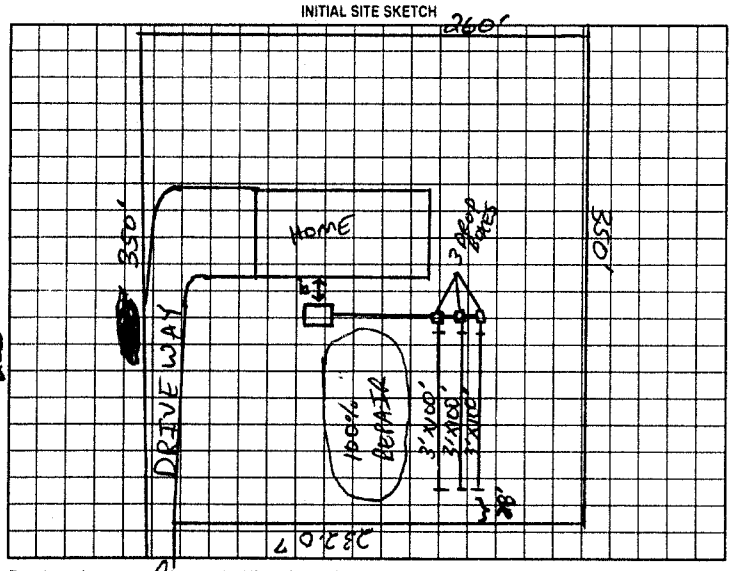
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ———
[ ] Other ———
[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [X] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community WELL

Comments/Conditions: ① INSTALL LINES ON CONTOUR ② KEEP WELL 100' FROM ANY PART OF SYSTEM ③ KEEP SYSTEM 15' OFF SIDESLOPE & 25' ABOVE SLOPE FROM BASEMENT FOUNDATION DRAIN.

Comments/Conditions: LABEL FILTER & MARKER INSTALLED AS SHOWN

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: ——— date 4-23-01 Installed by: MARTY TUCKER

Improvement Permit by: ——— date 4-23-01 Operation Permit by: ——— date 02-28-02

Authorization to Construct by: ——— date 4-23-01 Existing System Inspection by: ——— date ———

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