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# 4769397025 DATE 4-23-01

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

ADDRESS 392 DOVER RD, STATESVILLE, NC 28677

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

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.773AC. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB 794 Date 10-11-01
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 _____

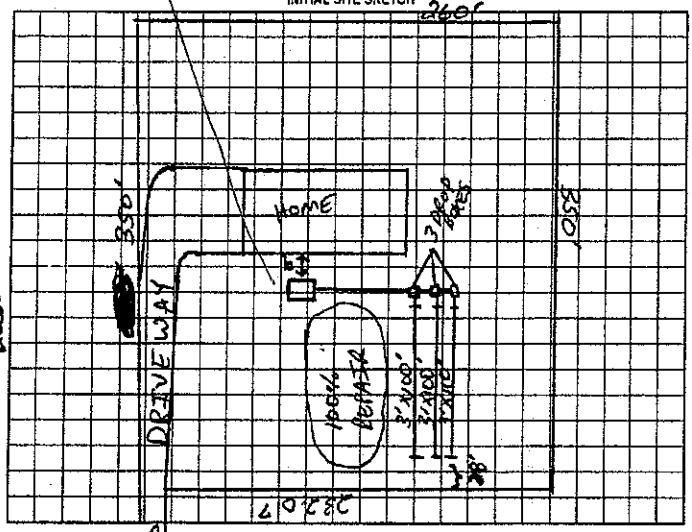
[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [X] Basement w/o plumbing

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 5' off sideslope & 25' above slope from basement foundation drains.

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: _____ RS date 4-23-01 Operation Permit by: _____ Cert. #5 date 02-28-02

Authorization to Construct by: _____ RS date 4-23-01 ~~Existing~~ System Inspection by: _____ date _____

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

The proposed / existing FARM BUILDING addition does not appear to impact the existing septic system.

**NOTE: _____

R. STEVE HEDRICK REHS

Date: JULY 6, 2010

ICHD-Environmental Health Division