IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108980 PIN# 4801-87-1234 DATE 1 August 08

OWNER OR APPLICANT Larry Stuckey PHONE: Business 704-903-8905 Home 704-872-5415

ADDRESS 139 Field Pine Trail Statesville, N.C.

LOCATION 115N TL Mtn. View TR Brown TR Field Pine Trail - End of Road on Lot 4

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 6+ Acres SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.3 gpd/ft²/d

Septic Tank: 1000 Gallons: STB 1000 Date 7-18-08

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 _____

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Follow contours / Honor All setback requirements /

Comments:/Conditions: Filter installed

INITIAL SITE SKETCH

Please see Attached Layout

AS BUILT SKETCH

INSTALLED AS DRAWN

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: Larry C. Stuckey date _____

Improvement Permit by: Jim Huggins, R.S. date 1 Aug. 08

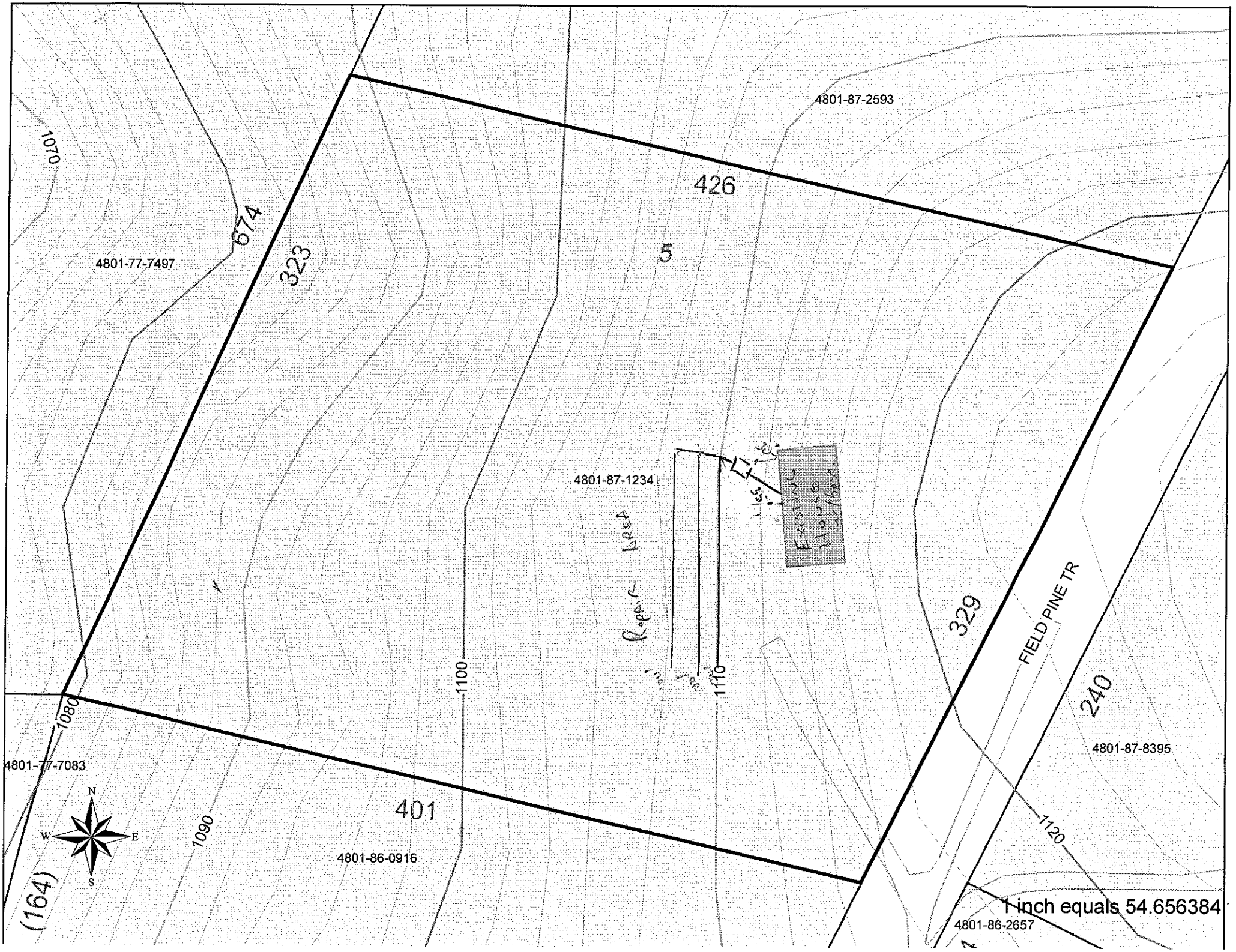
Authorization to Construct by: Jim Huggins, R.S. date 1 Aug. 08

Installed by: James Huddleston

Operation Permit by: Jim Huggins, R.S. date 7 Oct. 08

Existing System Inspection by: _____ date _____

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


4801-87-2593
426
1070
674
323
4801-77-7497
5
4801-87-1234
Repair Area
Existing Shed
1100
1110
329
FIELD PINE TR
240
4801-87-8395
1080
4801-77-7083
401
1090
4801-86-0916
1120
(164)
N
W
E
S
1 inch equals 54.656384
4801-86-2657