IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 86295 PIN# 3785572886 DATE Nov 19 99

OWNER OR CONTRACTOR Timothy Lackey PHONE: Business _____ Home _____

ADDRESS 460 County Line Rd Stony Point, NC

LOCATION Old Mt Rd (D) County Line Corner of County Line & Taft

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.61 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .93

Septic Tank: 1200 Gallons: STB 1007 Date 10/5/99
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I ☐ II III IV V VI
System Description: Conv Gravity
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

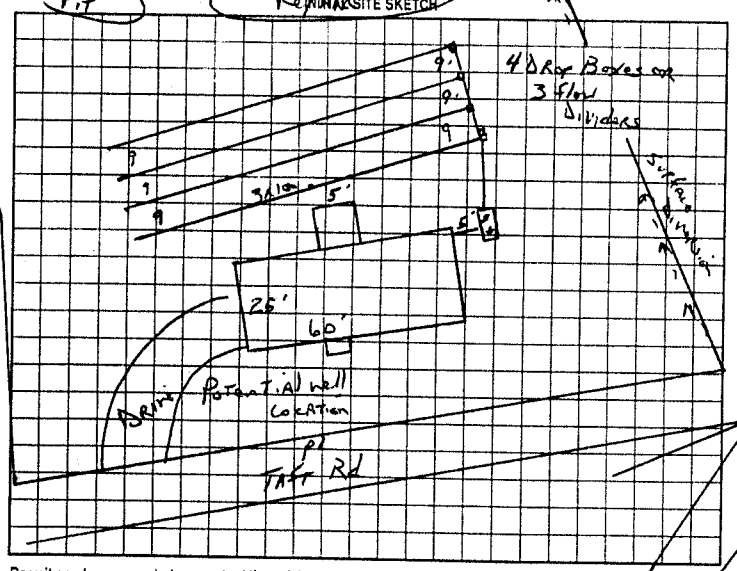
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community
Well

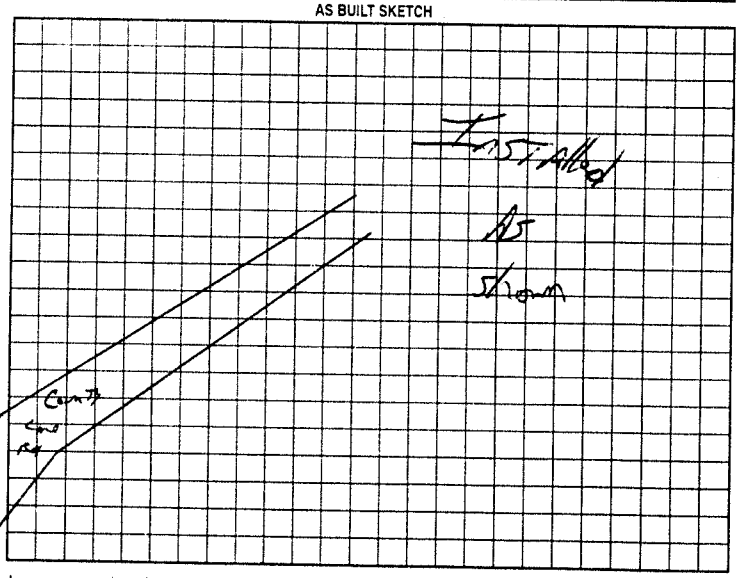
Comments/Conditions: Remove field TERRACE
Provide SURFACE DIVERSION down PROPERTY LINE LOCATE well 100ft or MAX FEASIBLE DISTANCE (50ft min) FROM SEPTIC SYSTEM

Comments/Conditions:

REMARKS 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: Tim Lackey date 11-19-99

Improvement Permit by: J.C. Potter date Nov 11 99

Authorization to Construct by: J.C. Potter date Nov 11 99

Installed by: Lackey & Son

Operation Permit by: J.C. Potter date Dec 7 99

Existing System Inspection by: _____ date _____

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