IREDELL COUNTY HEALTH DEPARTMENT

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

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

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 ____ BL. ____ SECTION ____ LOT ____ LOT AREA 3.61 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .93

Septic Tank: 1000 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" Gravel Depth 12"

[X] New System [ ] Repair System Type: I [ ] II [ ] III [ ] IV [ ] V [ ] VI
System Description: Conv GRAVITY
Repair System Description: Same
Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod Home No. Bedrooms 3
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____

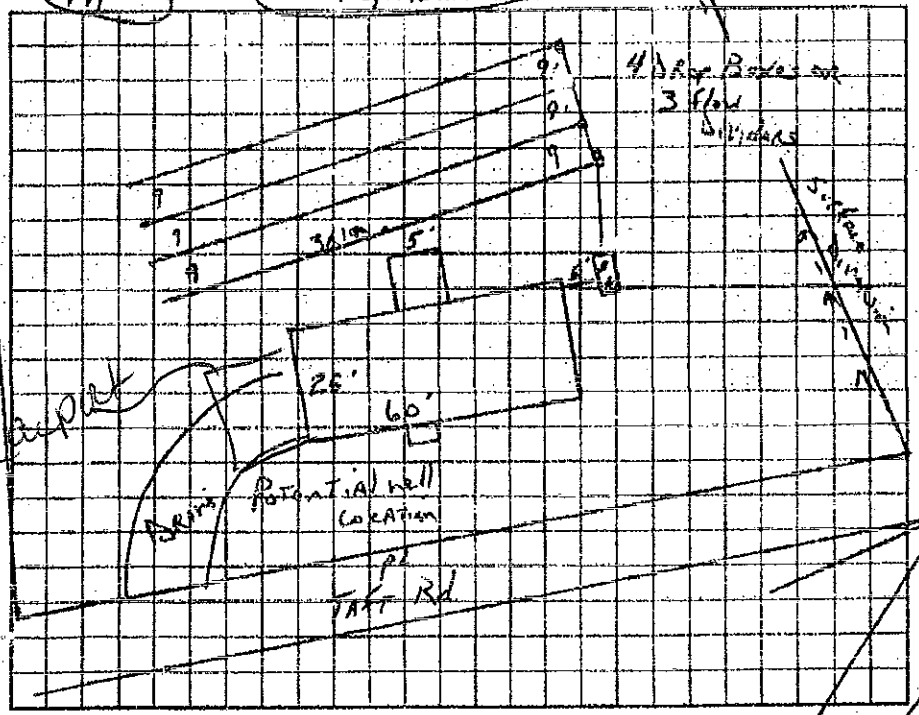
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply
[X] Individual
[ ] Public
[ ] Communi
Well

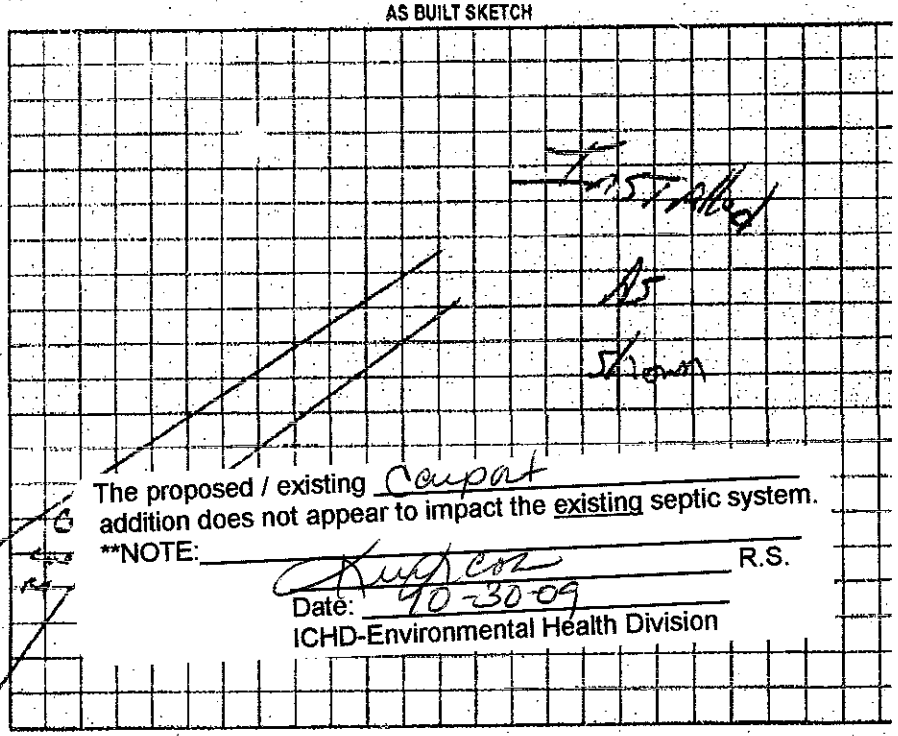
Comments/Conditions: Remove Field TERRACE
Provide Surface Diversion down Property Line LOCATE well 100ft or Max feasible Distance (50ft min) from Septic Sys

Comments/Conditions:

REPAIR SITE SKETCH



AS BUILT SKETCH



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

**NOTE: ____ R.S.

Date: 10-30-09

ICHD-Environmental Health Division

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 this system. Improvem 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 Nov 7 9

Existing System Inspection by: ____ date ____

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

JAN. 13, 1989 20:38