IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88928 PIN# 3796545454 DATE May 16 2000

OWNER OR CONTRACTOR Jimmy Tarlier PHONE: Business Home 585 2524

ADDRESS 268 W Lackey Farm Rd Stony Point NC

LOCATION Hwy 64 W (L) E Lackey Farm 1/2 mile on Right past Bridge Just Past Plastic Bull on ~~Right~~ Left

SUBDIVISION BLOCK / SECTION LOT LOT AREA .46 SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1007 Date 4-26-00 ☒ New System ☐ Repair System Type: I II III IV V VI

Pump Tank: Gallons: PT Date System Description: Conventional GRAVITY

Pump Make: Model Serial No. Repair System Description: Same

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270 Maintenance Agreement Required: ☐ Yes ☒ No

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home SW No. Bathrooms 2

☐ Business No. Employees

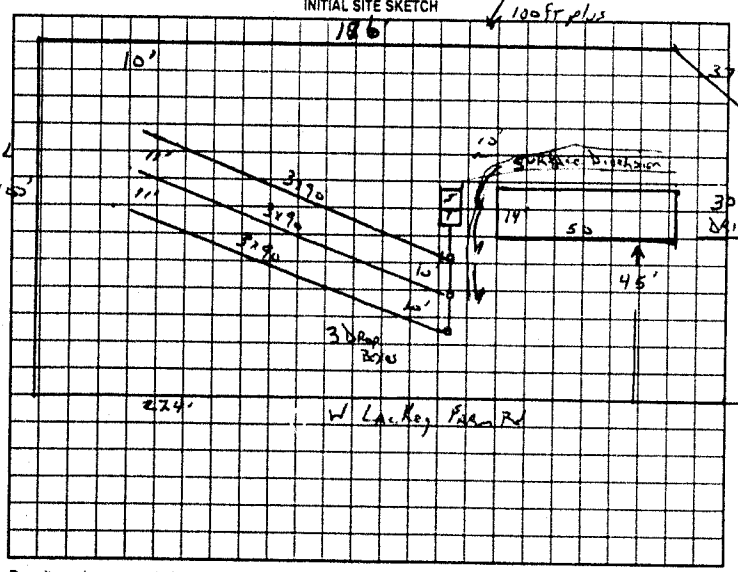
☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community Existing

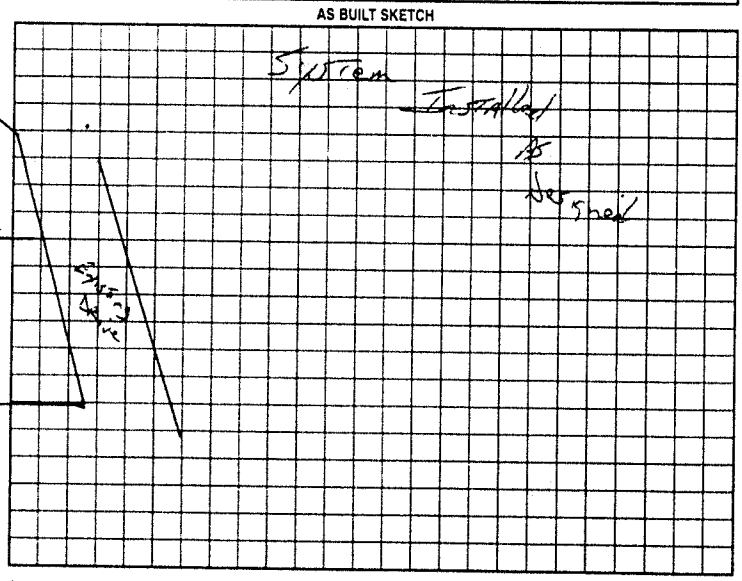
Comments:/Conditions: Install on Contour
May use Distribution box w/ speed levels
☐ well

Comments /Conditions: Zoller Filter Used

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.

5-16-00 Signed: Jimmy Tarlier date Installed by: Tommy Cothren

Improvement Permit by: J.C. Potter date May 16 2000 Operation Permit by: J.C. Potter date June 7, 2000

Authorization to Construct by: J.C. Potter date May 16 2000 Existing System Inspection by: date

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