IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133379 PIN# 3796599815 DATE 1-26-06

OWNER OR CONTRACTOR John M Perry PHONE: Business 704 878 3426 Home 336 372 1606

ADDRESS 149 Old Lackey Farm Rd.

LOCATION Hwy 90 W, Left on 2nd Lackey Farm Rd. - (L) on Old Lackey Farm in curve on left

SUBDIVISION n/a BLOCK / SECTION ____ LOT ____ LOT AREA .635 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 160 Date 10-28-05

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 3' Max Trench Bottom Depth 36" Gravel Depth n/a

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

System Description: 25% Reduction Gravity

Repair System Description: 25% Reduction Gravity

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

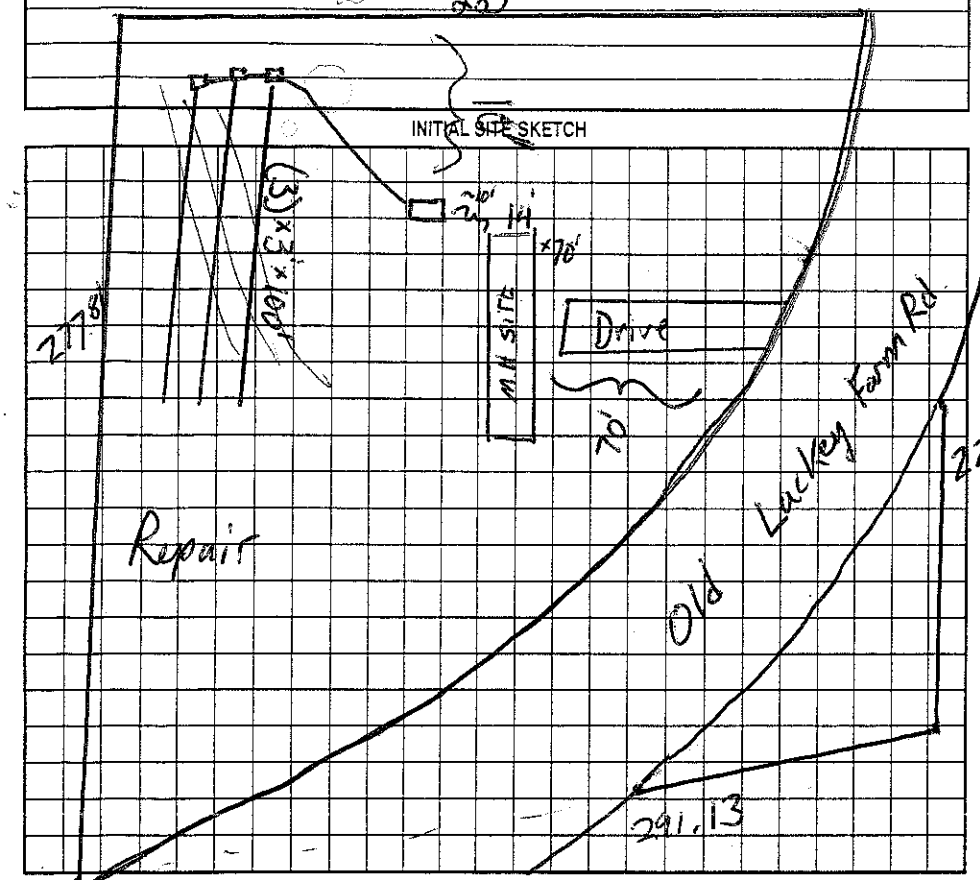
No. Bedrooms 3 No. Bathrooms ____ No. Employees ____

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

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: 283

INITIAL SITE SKETCH



Comments:/Conditions: Red filter no risers w/ ST marks

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: John M Perry date 1-27-06 Installed by: Scott Greene

Improvement Permit by: James Lewis date 1-26-06 Operation Permit by: James Lewis date 3-13-06

Authorization to Construct by: James Lewis date 2-1-06 Existing System Inspection by: ____ date ____

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