IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109805 PIN# 3796-59-5978 DATE 11/7/02

OWNER OR CONTRACTOR Angie Gryder / Jerry Davis (Contractor) PHONE: Business — Home 902-4880

ADDRESS 173 Old Lackey Farm Rd Statesville N.C. 28677

LOCATION Hwy 64W, Left W. Lackey Farm Rd (L) Old Lackey Farm Rd 1st House on Left past Curve

SUBDIVISION NA BLOCK / SECTION ____ LOT ____ LOT AREA 4.98 Acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: 1000 Gallons: STB — Date —

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No ____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36+ Gravel Depth 12+

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

System Description: Conventional Gravity

Repair System Description: Conventional Gravity

Maintenance Agreement Required: ☐ Yes ☒ No

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

☐ House/Mod Home No Bedrooms 3

☒ Mobile Home No Bathrooms 2

☐ Business No Employees ____

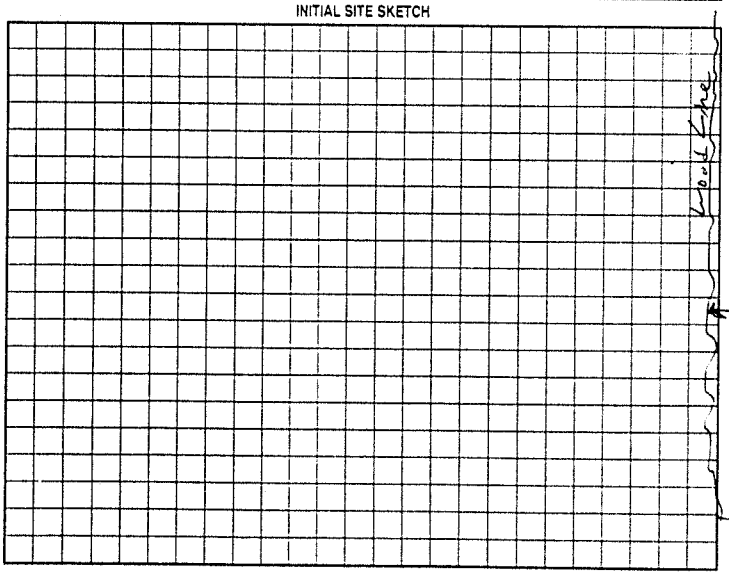
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

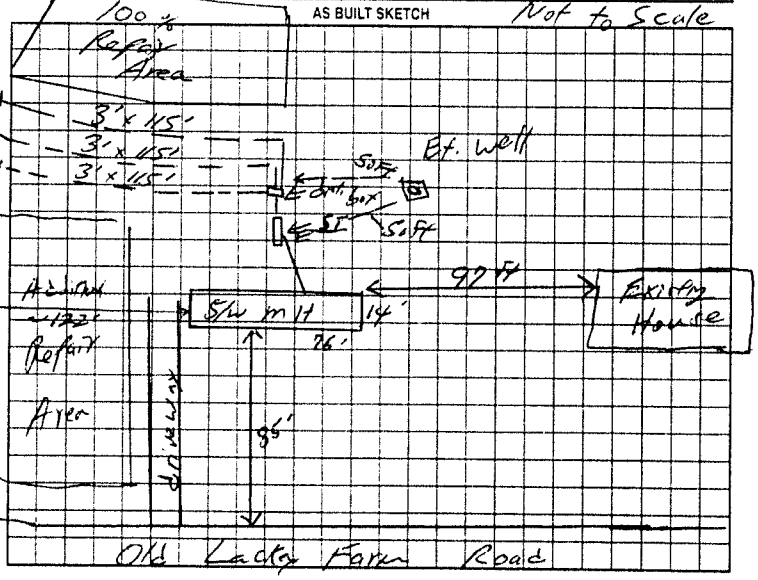
Comments/Conditions:

Comments/Conditions: Keep Heavy Equipment off drain lines!! Existing System Not in operation at this time. Appears to be okay. Ref: (W. Moore 12-23-93)

INITIAL SITE SKETCH



AS BUILT SKETCH Not to Scale



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: X ____ date ____

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: William C. Johnson date 11/7/02

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