IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4706-03-2511 DATE 6/7/02

OWNER OR CONTRACTOR Clyde Estes PHONE: Business ______ Home (704) 585-2592

ADDRESS 197 E. Lackey Farm Rd Stony Point N.C. 28678

LOCATION Hwy 64 West, (L) on E. Lackey Farm Road, on Right (across from end of white fence on left)

SUBDIVISION — BLOCK / SECTION — LOT 1 LOT AREA 10.13 Ac. SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1250 Ex. Gallons; STB — Date —
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet ______ Linear Feet 220'
No Lines 2 @ 110' Trench Width 36" Max Trench Bottom Depth As Is/vary Gravel Depth 12"

☐ New System ☒ Repair System Type: I (II) III IV V VI
System Description: ______
Repair System Description: Gravity, Conv.
Maintenance Agreement Required: ☐ Yes ☒ No

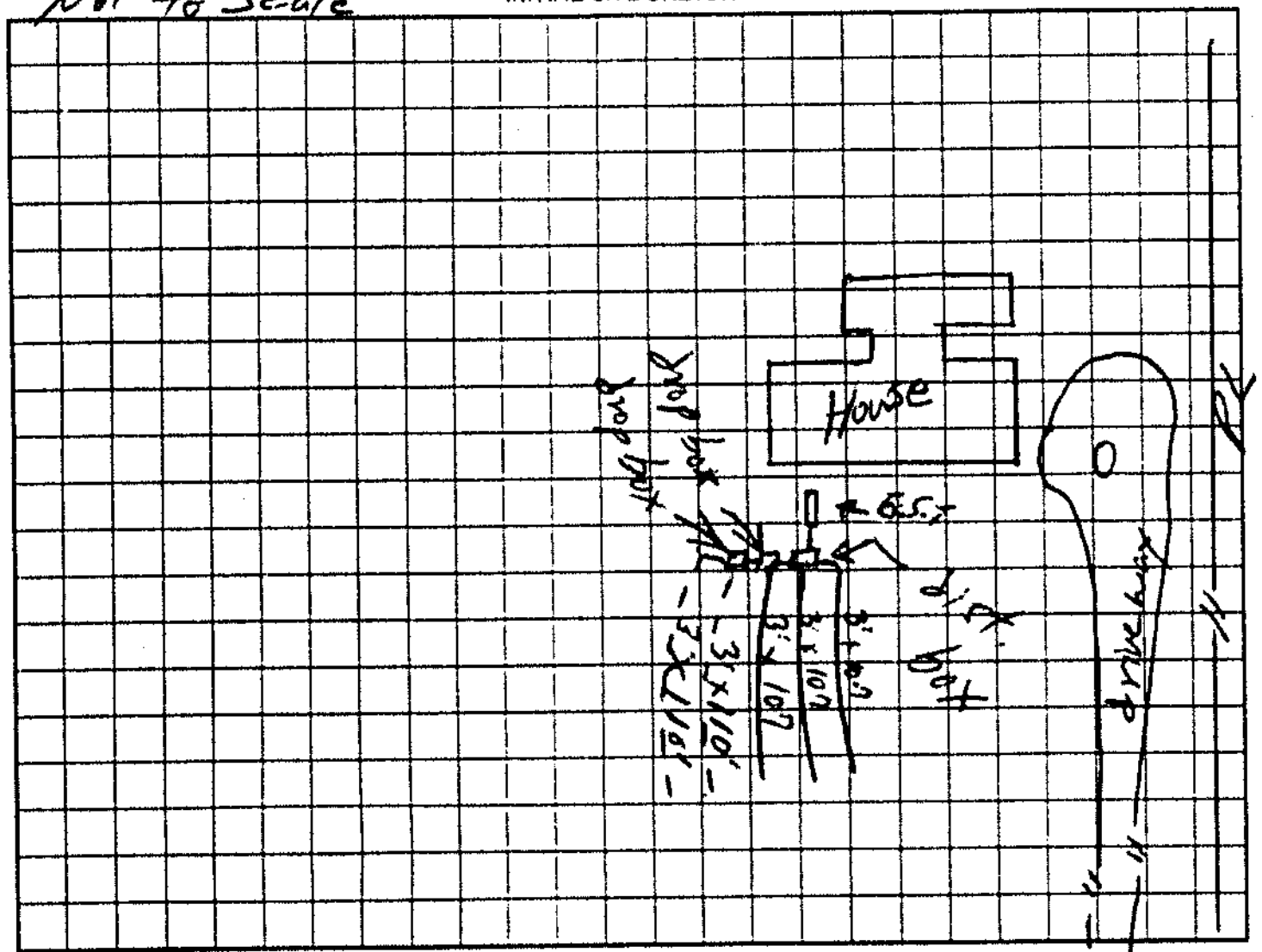
~~House/Mod. Home~~ ☒ Mobile Home ☐ Business ☐ Other ______
No. Bedrooms 4 No. Bathrooms 1½ No. Employees ______
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: (1) Add 1 dropbox maybe two drop boxes if needed (2) Add two (2) lines 110 ft in length. (3) This permit serves as Notice of Violation owner has 30 days to complete repair
Not to scale

Comments:/Conditions:
- Installed 2 drop boxes
- Pumped Septic Tank, Tank okay

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Shown per Initial Site 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: [signature] date ______
Improvement Permit by: William O. Johnson date 6/7/02
Authorization to Construct by: William O. Johnson date 6/7/02
Installed by: Barry Sigmon
Operation Permit by: William O. Johnson date 8/21/02
Existing System Inspection by: ______ date ______

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