IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093798 PIN# 4706070993 DATE 1/19/01

OWNER OR CONTRACTOR Sible Smith PHONE: Business _____ Home (704) 585-2773

ADDRESS P.O. Box 718 Stony Point, NC 28678

LOCATION New 64 W, (R) E Lackey Farm Road, ½ mile on Left in pasture

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 10.98 Acres SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. .3 gpd/ft²

Septic Tank: 4000 Gallons; STB 312 Date 7-26-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 1200ft Linear Feet 400ft

No Lines 4@100ft Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: Conventional Gravity

Repair System Description: 25% Reduction, Gravity

Maintenance Agreement Required: ☐ Yes X No

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

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

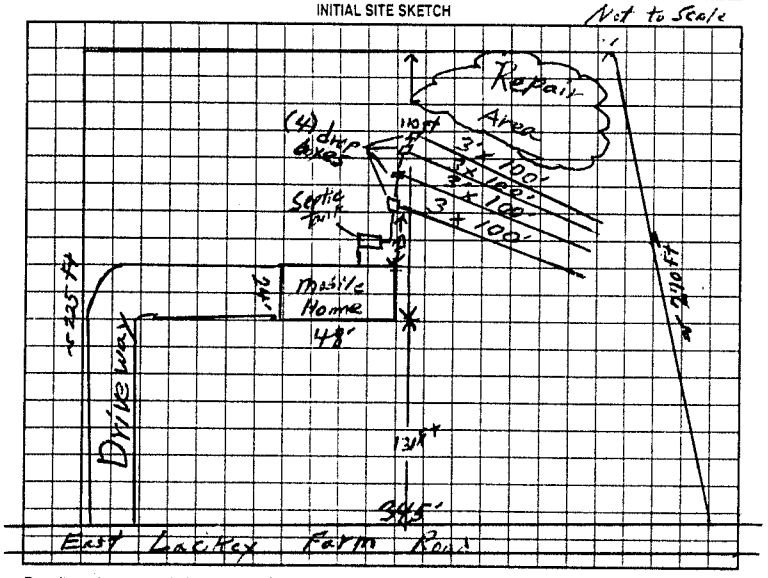
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

Water Supply: ☐ Individual X Public ☐ Community

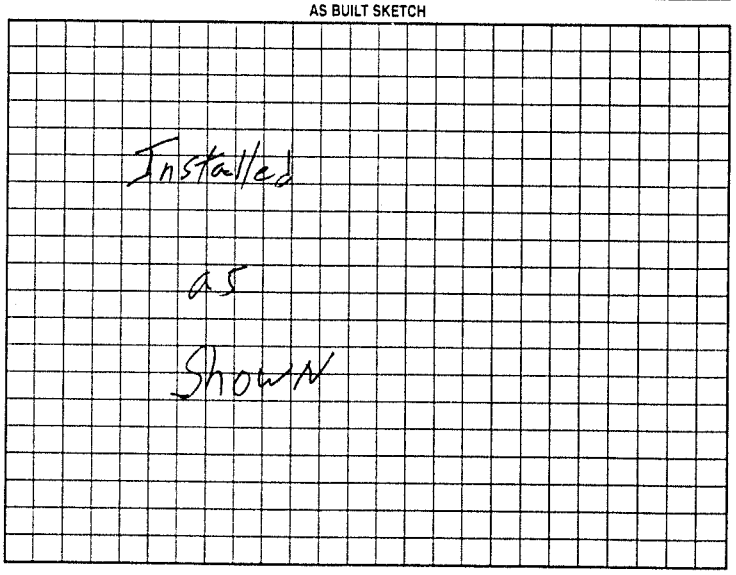
Comments/Conditions: (1) Install Lines on contour (2) Keep System 10ft From property lines (3) Keep System 5ft From House (4) Keep water line 10ft From System

Comments/Conditions: - Tuff-Tite filter installed
- Septic Tank marker installed

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.

Signed: Sible Smith date 1-22-01 Installed by: Sigmon Construction

Improvement Permit by: William Johnson RSI date 1-19-01 Operation Permit by: William O. Johnson RSI date 2/6/01

Authorization to Construct by: William Johnson RSI date 1-19-01 Existing System Inspection by: _____ date _____

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