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# 4706-08 -8917 DATE 12/20/01

OWNER OR CONTRACTOR Jim Gregory PHONE: Business ____ Home (704)585-2624

ADDRESS 472 E Lockey Farm Rd Stony Point N.C. 28678

LOCATION I-40 W @ Hwy 90 E Lockey Farm Rd. 4th on Left @ 472.

SUBDIVISION Borner Property BLOCK / SECTION ____ LOT Sub LOT AREA ____ SITE CLASS PS DESIGN FLOW ____ L.T.A.R. Exempt

Septic Tank: 1250 Gallons; STB ____ Date 1-25-83

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No ____

Nitrification Field: No Fields ____ Square Feet ____ Linear Feet ____

No Lines ____ Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

☐ New System ☒ Repair System Type: ☐ I ☐ II, IV, V, VI

System Description: Gravity Conventional

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms ____ No. Bathrooms 1 No. Employees 1

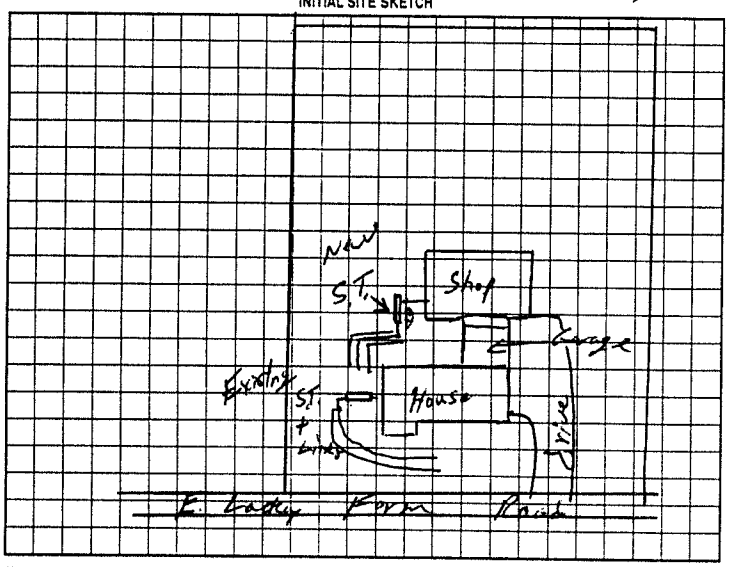
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

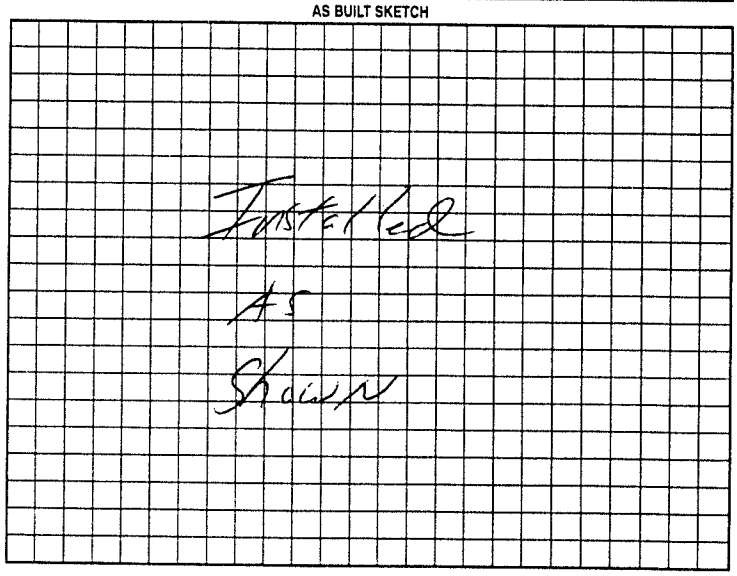
Comments:/Conditions: ① Crush Old Tank ② Pump Replace Tank with 1,000 gal or Larger See Permit dated 1-11-83: Jim Gregory

Comments:/Conditions.

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: Jim Gregory date 12/24/01 Installed by: David Younts

Improvement Permit by: William O. Johnson date 12/20/01 Operation Permit by: William O. Johnson date 12/20/01

Authorization to Construct by: William O. Johnson date 12/20/01 Existing System Inspection by: ____ date ____

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