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# 4706-14-1665 DATE 8-13-01

OWNER OR CONTRACTOR THOMAS RAY MAYBERRY PHONE: Business 704-928-4268 Home 704-585-6419

ADDRESS 260 E. LACKEY FARM RD

LOCATION 64 WEST, E LACKEY FARM RD, 2nd HOUSE ON LFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.5-3.00 ± SITE CLASS BS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: EXISTING Gallons: STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth N/A Gravel Depth 12"

☐ New System ☒ Repair System Type: I (II) III IV V VI
System Description: CONV GRAV
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

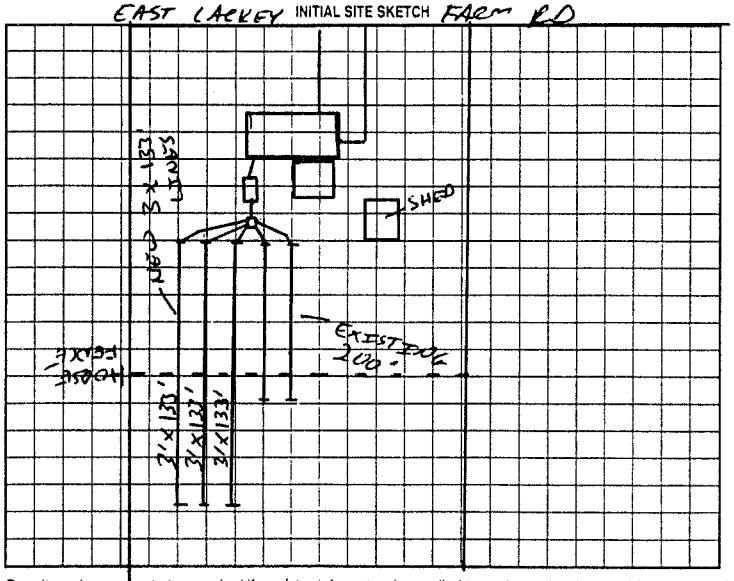
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

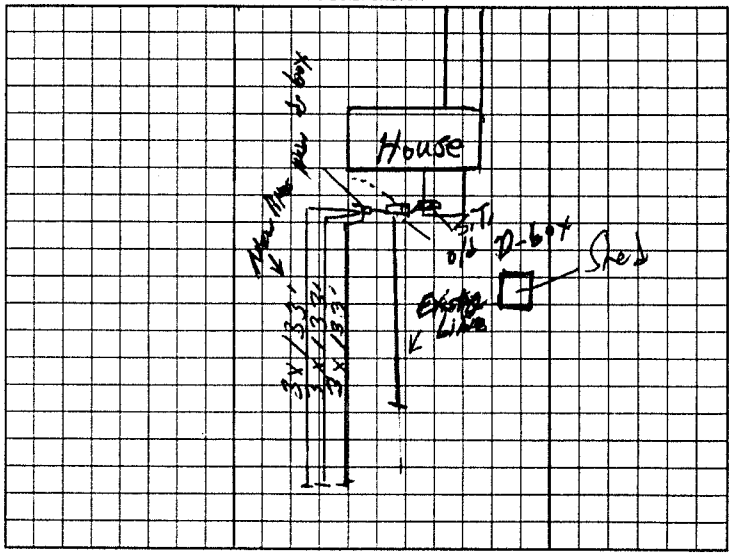
Comments/Conditions: (1) REMOVE OLD TREES & DO SO TO PREVENT BLEEDING OF LINES (2) OUT OF CONTOUR SO START 36" DEEP AT LOWEST PT IN LINE & DIG OUTWARD (3) INSTALL NEW 5 HOLE DIST BOX

Comments/Conditions: (4) THIS PERMIT SERVES AS NOTICE OF VIOLATION & MUST BE REPAIRED WITHIN 30 DAYS (1) Stop Water leaks inside House.

EAST LACKEY INITIAL SITE SKETCH FARM RD



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: Ray Mayberry date 8-13-01 Installed by: Craig Thompson

Improvement Permit by: Jim Cook RS date 8-13-01 Operation Permit by: William C. Johnson date 9/28/01

Authorization to Construct by: Jim Cook RS date 8-13-01 Existing System Inspection by: _____ date _____

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