IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083936 PIN# 4718 03 3921 DATE 10-7-99

OWNER OR CONTRACTOR STEVEN LACKEY PHONE: Business 872-2785 EXT 216 Home 881-0171

ADDRESS 1680 WEDGEDALE AVE, STATESVILLE, NC 28677

LOCATION NC115 N, TL PISGAH ROAD, TL LIBERTY HILL RD, 0.5 MILE, ON RIGHT, BACK OFF ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 6.13 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 8-2-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

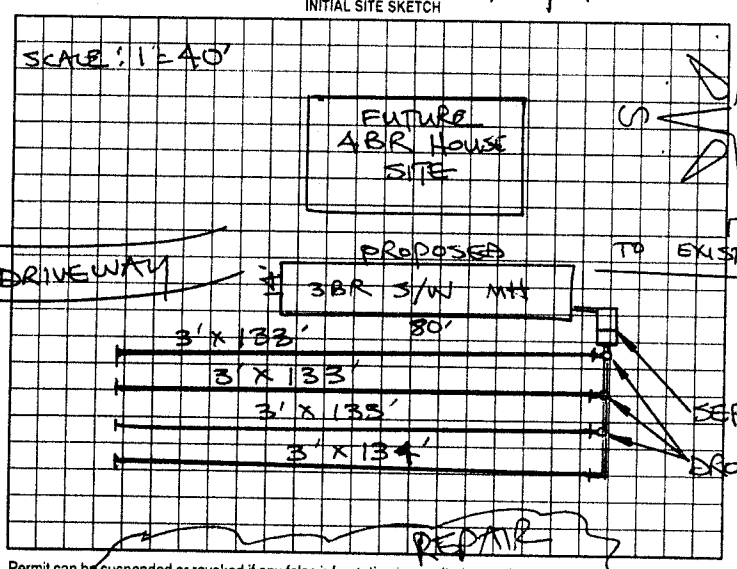
☐ House/Mod. Home No. Bedrooms 3
✓ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other FUTURE 4 BR

Water Supply: ✓ Individual ☐ Public ☐ Community WELL

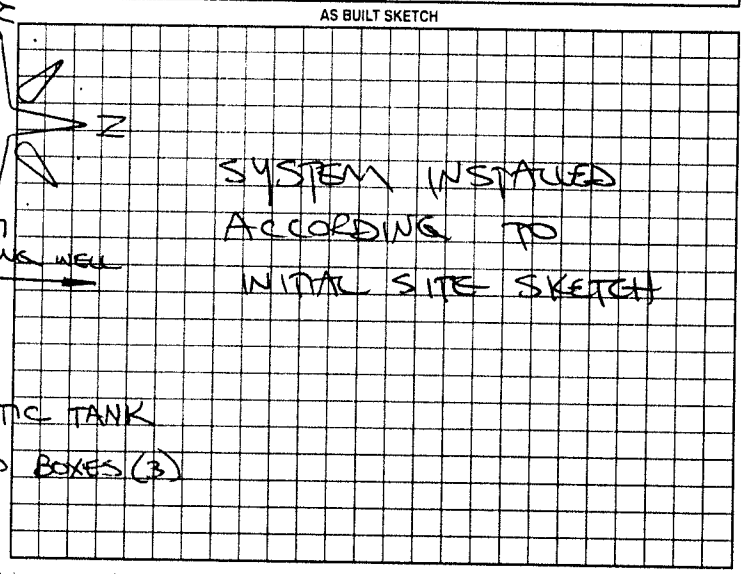
Comments/Conditions: ① KEEP SYSTEM MINIMUM 100 FEET FROM WELL
② INSTALL LINES ON CONTOUR AS FLAGGED ON SITE
③ SCOUR TRENCH SIDEWALLS WHERE SMEARING OCCURS
④ S/W MH TO BE REMOVED UPON OCCUPANCY OF HOUSE

Comments/Conditions: SEPTIC TANK WITH RISER AND MARKER INSTALLED USING "POLYLOK" FILTER.

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: Steven Lackey date 10-7-99

Improvement Permit by: STEVE HEDRICK date 10-7-99

Authorization to Construct by: STEVE HEDRICK date 10-7-99

Installed by: DONALD LACKEY

Operation Permit by: STEVE HEDRICK date 10-21-99

Existing System Inspection by: _____ date _____

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