IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094713 PIN# 4723 78 8539 DATE 2-16-01

OWNER OR CONTRACTOR GARY LACKEY PHONE: Business _____ Home (704) 880-0892

ADDRESS 134 FREELAND DR, STATESVILLE, NC 28677

LOCATION US 70 W TL AIRPORT RD, TL DEERFIELD TR FREELAND DRIVE, 4TH LOT ON RIGHT

SUBDIVISION DEERFIELD BLOCK / SECTION _____ LOT 32 LOT AREA 2.13 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.50 GAD/FT² EXISTING

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields ___ Square Feet 720 Linear Feet 240

No Lines THREE Trench Width 36" Max Trench Bottom Depth _____ Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ___

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

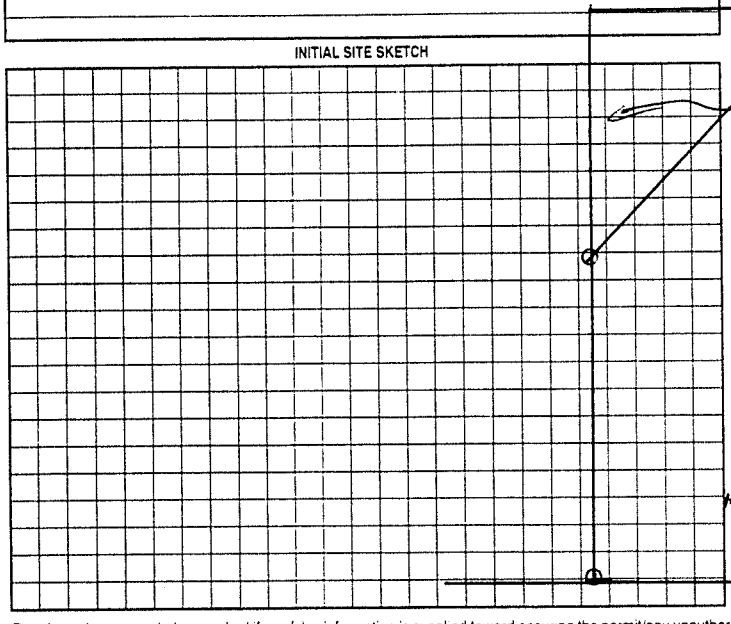
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

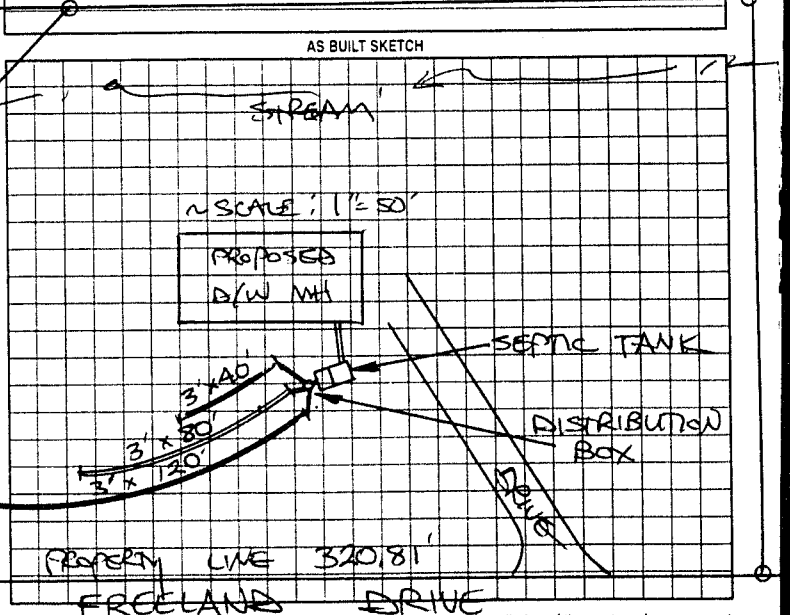
Comments:/Conditions ① KEEP SYSTEM MINIMUM 5' FROM MH

② SYSTEM UNDERSIZED ACCORDING TO TODAYS STANDARD,

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: _____ date _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: STEVE HEDRICK date 2-16-01

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