IREDELL COUNTY HEALTH DEPARTMENT

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

16420

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 9514 DATE 6-2-93 TAX MAP NO.

OWNER OR CONTRACTOR Donald Lackey PHONE: Business 872-2225 Home Same

ADDRESS Rt 15 Box 104 Statesville, N.C.

LOCATION NOE TR 3rd Creek TL Sigmon Dr. 1/4mi TL Private Rd 3rd lot on Rt

SUBDIVISION Lackey Property BLOCK / SECTION LOT 8 LOT AREA 20,116sq SITE CLASS. P.S. L.T.A.R. .3

Water Supply: ☐ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 358 Date 4-10-93

Pump Tank: Gallons; PT Date

Nitrification Field: No. Fields 1 Square Feet 900 Linear Feet 300

No. Lines 3 Trench Width 36" Trench Depth 24" Gravel Depth 12

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

System Description: Conv. Gravity

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 2 No. Bathrooms 2 No. Employees

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

Garbage Disposal: ☐ Yes ☑ No

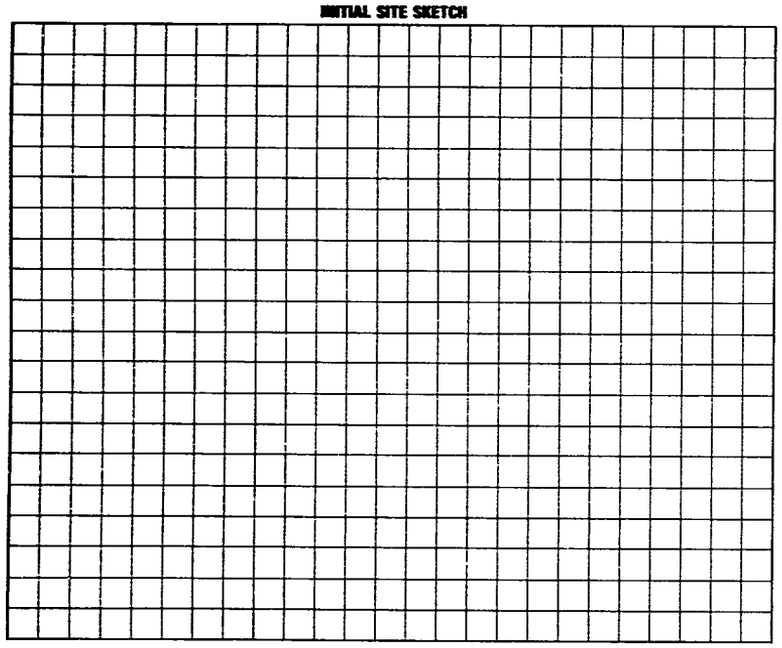
Auto Dishwasher: ☐ Yes ☑ No

Auto. Washing Machine: ☐ Yes ☐ No

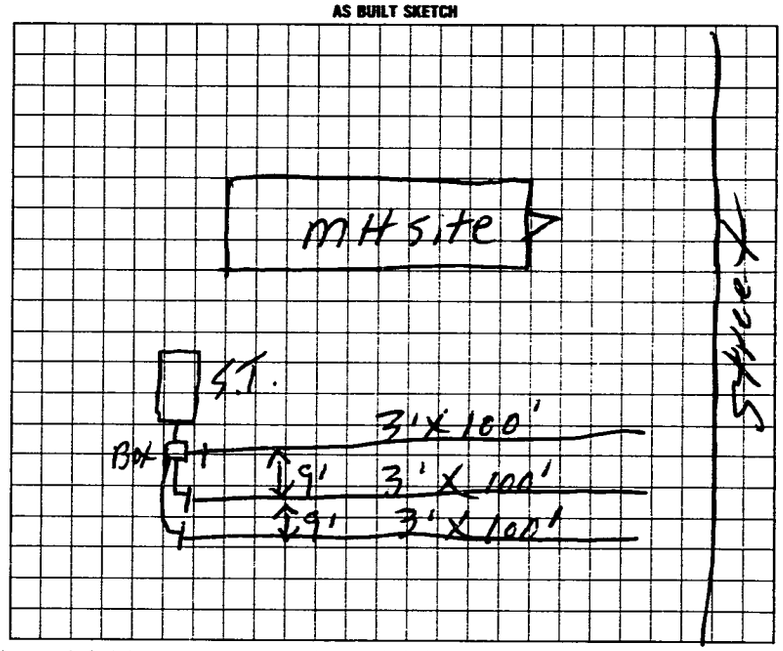
Other

Comments MH not located at time of this inspection locate as site shown below at least 5' from S.T.

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed:

Improvement Permit by: date

Existing System Inspection by: date

Installed by: Donald Lackey

Certificate of Completion by: E.C. Moore date 6-2-93

Operation Permit by: date

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