# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 067872 DATE 7-9-97 TAX MAP NO. 4776051333 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Kathey & Perry Lackey PHONE: Business _____ Home 872-0371

ADDRESS 809 Riverhill Rd Statesville NC

LOCATION 64E TL River Hills Rd 2nd Drive on left Past school

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. P/S DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1007 Date 6-10-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533

No Lines 6 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12in

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

System Description: Gravity Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

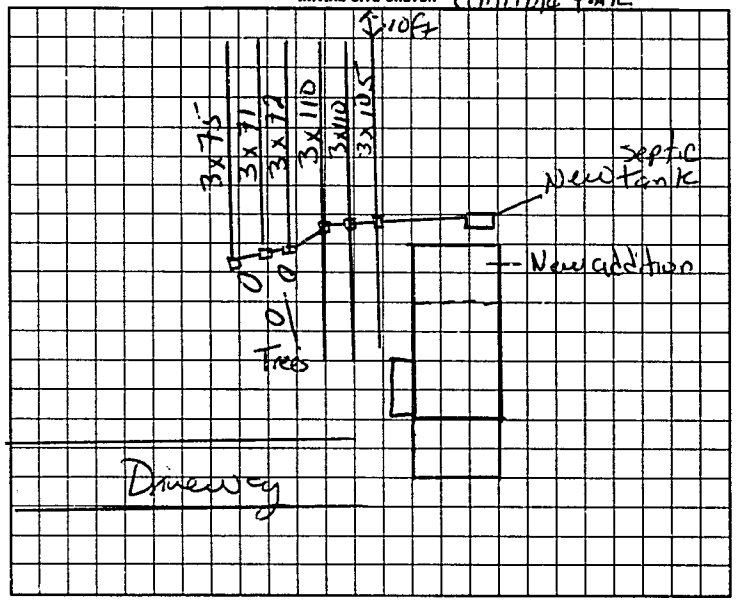
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

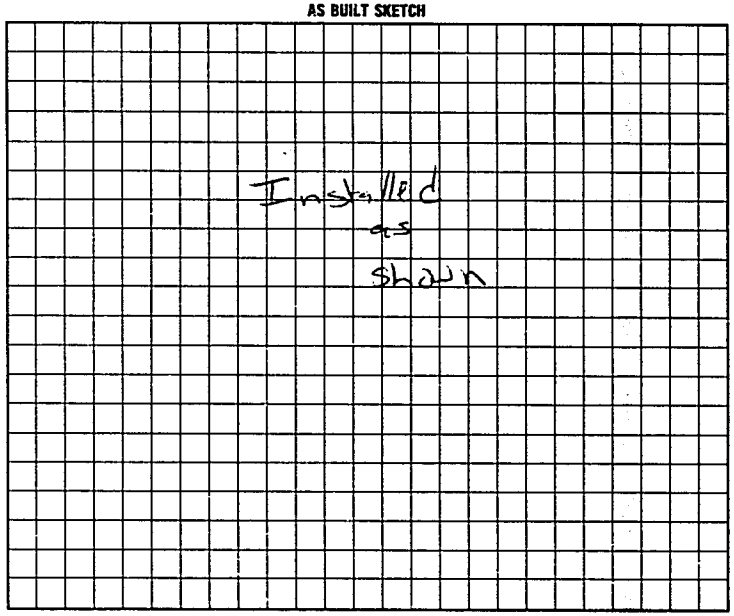
Comments: Keep Lines on Contour, 9ft on center
keep 5ft from house Foundation
* New addition - will cover old tank, lines need to fill in old tank

Comments:
* 7-18 Replace Top 1/2 of tank

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. Authorization to construct expires 5yrs from issue date

Signed: Kathy Lackey

Improvement Permit by: Mark C Ortiz RS date 7-9-97

Existing System Inspection by: Author. Extension to Const. Mark C Ortiz RS date 7-9-97

Installed by: James Hudder

Certificate of Completion by: _____ date _____

Operation Permit by: Mark C Ortiz RS date 7-16-97

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

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