IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135082 PIN# 4779-85-8421 9754 DATE 5-12-06

OWNER OR APPLICANT JEREMY LOCKMAN PHONE: Business Home 704-880-1961

ADDRESS P.O. BOX 5563 STATESVILLE, NC 28687

LOCATION US 21 NORTH, TR BETHEL ROAD, TL SHAW ROAD, 0.6 MILE ON RIGHT BEHIND BOX # 331

SUBDIVISION BLOCK / SECTION LOT LOT AREA 0.93 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 2-14-06
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 25% REDUCTION, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons
☐ Business No. Employees
☐ Other

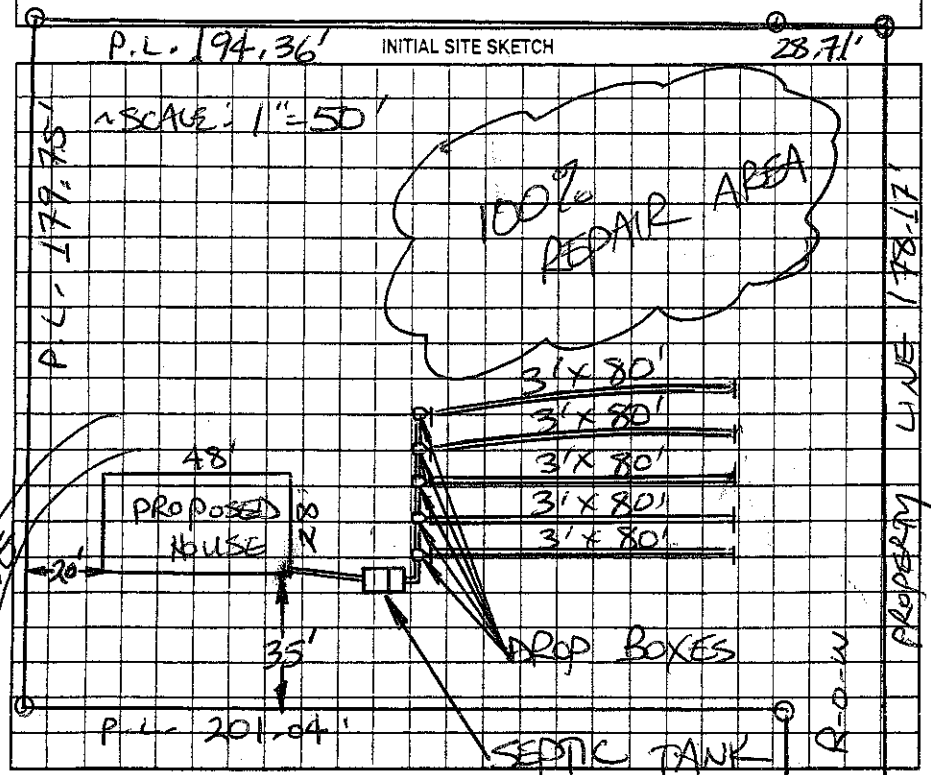
Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN BELOW.

Comments/Conditions: Yellow flag - tank marker

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: Jeremy Lockman date 5-12-06 Installed by: DAVID YOUNTS

Improvement Permit by: STEVE HEDRICK date 5-12-06 Operation Permit by: date 7-20-06

Authorization to Construct by: STEVE HEDRICK date 5-12-06 Existing System Inspection by: date

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