IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089200 PIN# 3798958768 DATE June 2, 2000

OWNER OR CONTRACTOR David B. Wright PHONE: Business _____ Home _____

ADDRESS 1150 Lambert Rd.

LOCATION 90 West through Stony Point Hiddenite TR Cheatham Ford 28636 RD TR Huckleberry Ridge TR Lambert at end on Right beside #1150

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 16 Ac ± SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 160 Date 5-22-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 or 4 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 12" ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

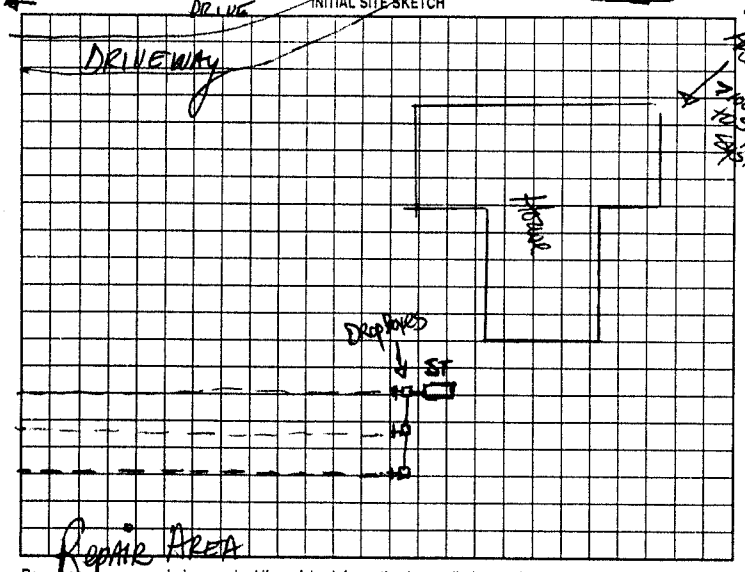
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: follow contour with laterals

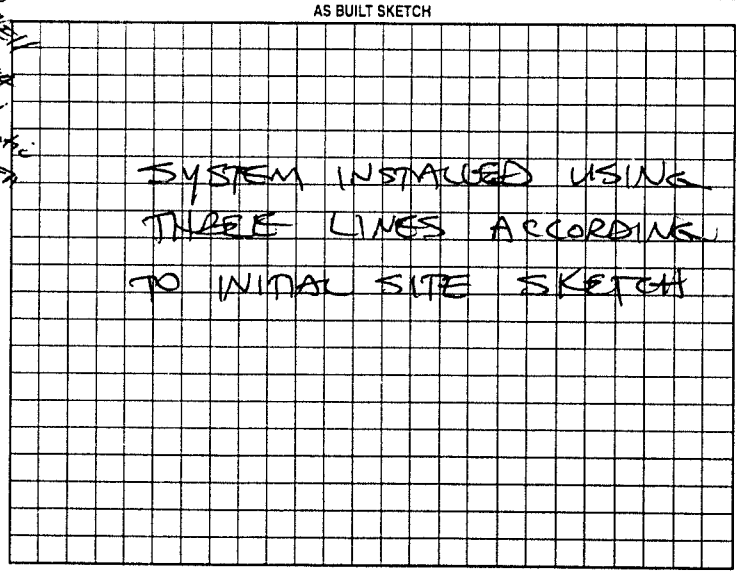
≈1000' to Concord DRIVE

Comments/Conditions: SEPTIC TANK W/ MARKER INSTALLED USING "TUFTITE" 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: Walter Bright date _____

Improvement Permit by: _____ date 6-2-00

Authorization to Construct by: _____ date 6-2-00

Installed by: RODNEY WRIGHT

Operation Permit by: STEVE HENDRICK date 8-18-00

Existing System Inspection by: _____ date _____

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