IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 81849 PIN# 4708067588 DATE July 12, 99

OWNER OR CONTRACTOR Edith Wright - Rodney PHONE: Business _____ Home 704 632 9642

ADDRESS 1345 Lambert Dr Hiddenite, NC

LOCATION 90 N (R) Chatham Ford Rd (R) Hickory Flat Lambert Site Turn rd on front on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT ~~3+3~~ LOT AREA 3.36 SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 160 Date 8 2 99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 200
No Lines 20/30 Trench Width 36" Max Trench Bottom Depth 36"

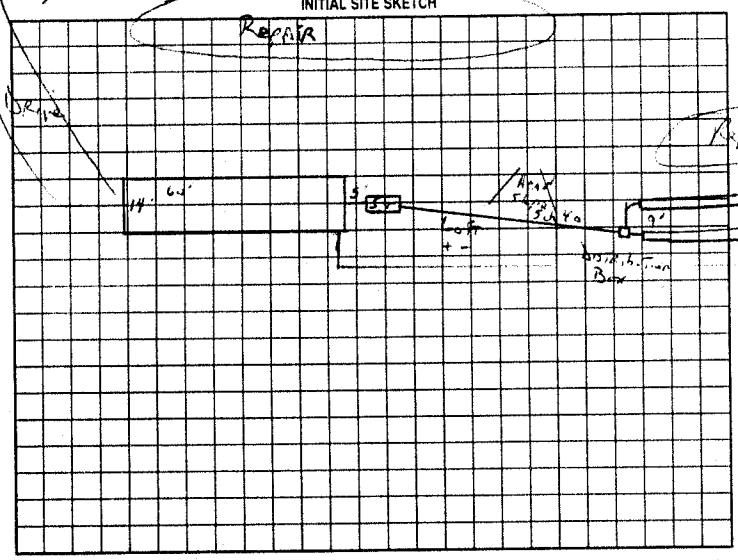
☒ New System ☐ Repair System Type: I. II. (III) IV. V. VI
System Description: 25% Reduction Gravity
Repair System Description: 25-30 To Road Pump
Maintenance Agreement Required: ☐ Yes ☒ No 150.66

☐ House/Mod. Home No. Bedrooms 2
☒ Mobile Home SW No. Bathrooms 1
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

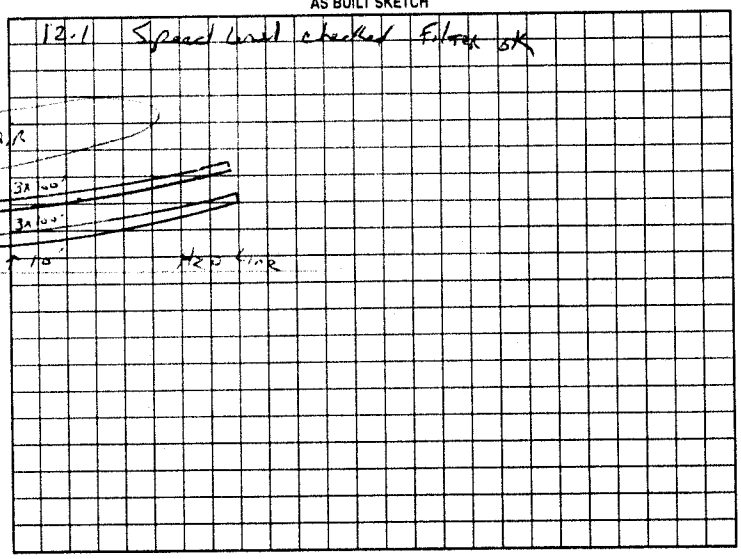
Comments/Conditions: Install Lines on Contour
Keep Lines out of head slope
Keep Septic Tank high to insure gravity to system
Try to start 1st Septic Line As high As possible

INITIAL SITE SKETCH



Comments/Conditions:
Call 928-2030 if you have any questions
11-8 - Line + Tank Check OK
Need Filter Tee + Spread Level.

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: Edith R Wright date 7 12 99 Installed by: Owner

Improvement Permit by: L Potter date 7.12.99 Operation Permit by: L Potter date Dec 1 99

Authorization to Construct by: L Potter date 7.12.99 Existing System Inspection by: _____ date _____

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