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. 16955 DATE 9-8-93 TAX MAP NO. 3Q-B-14

OWNER OR CONTRACTOR Wade S. Lamberth PHONE: Business Home 528-5925

ADDRESS Rt. 14, Box 349 Statesville, N.C. 28677

LOCATION I-40W, T/L Old Mtn. Rd. TR Buffalo Shoals Rd. TR Enfola Rd. TR Low Lane Rd. Lot on R approx 1.0 mile

SUBDIVISION Wade S. Lamberth BLOCK / SECTION LOT 21 LOT AREA 100' X 240' SITE CLASS. P.S. L.T.A.R. .35 gpd/ft2

Water Supply: ☑ Individual ☐ Community ☐ Public Well To Be Located

Septic Tank: 1000 Gallons; STB 1012 Date 6-27-93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230'

No Lines 3 Trench Width 36" Trench Depth 18"-24" Gravel Depth 12"

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

System Description: Conventional, gravity

Repair System Description: Partial conv. partial pump

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 2 No. Bathrooms 1.5 No. Employees —

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

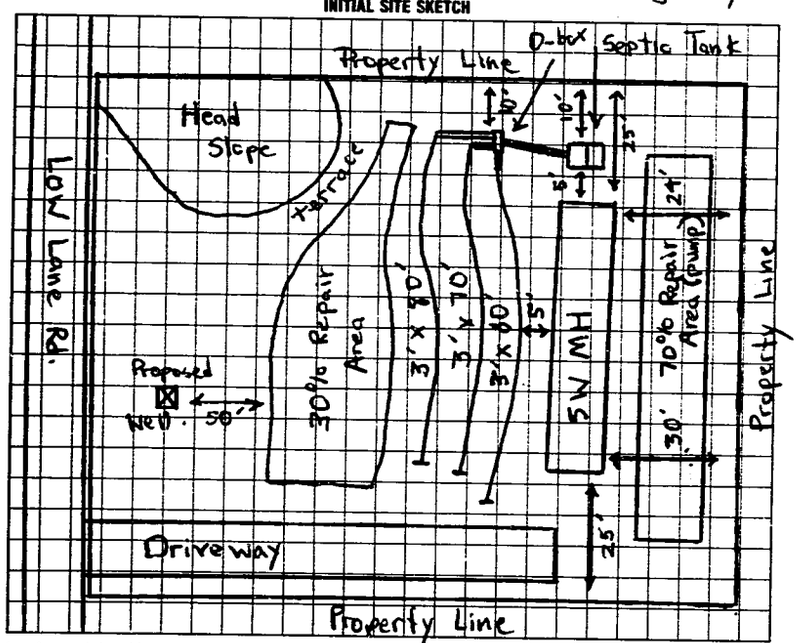
Auto. Washing Machine: ☑ Yes ☐ No

Other

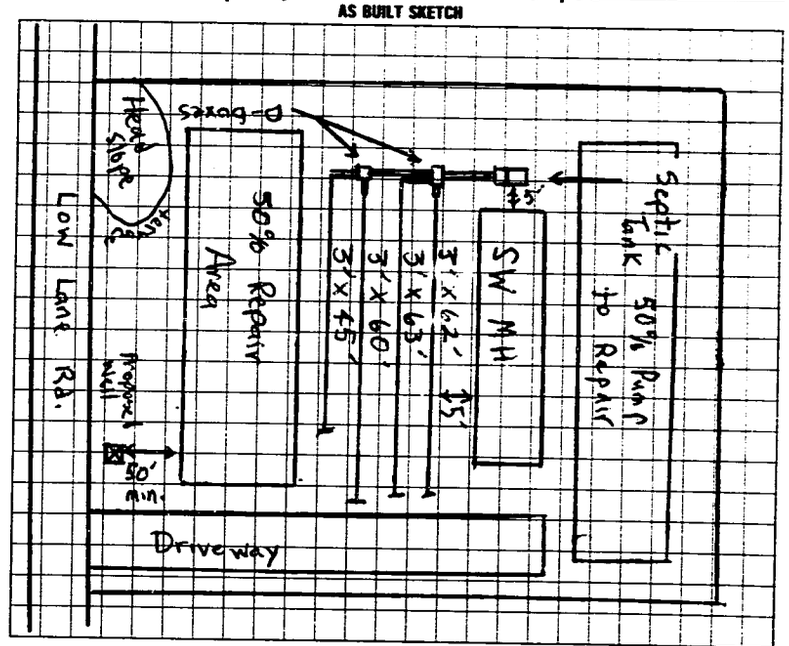
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments Install system shallow (no deeper than 24" to trench bottom) keep Nitrification lines on contour. Keep system 10' from all property lines 5' from foundation of home, and 50' from any wells Partial repair below system conventional, gravity fed. Remainder of repair, pump to conventional, behind home.

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: Wade S Lamberth

Improvement Permit by: Michael J. Dennis date 9-8-93

Existing System Inspection by: date

Installed by: AAA Enterprises

Certificate of Completion by: Michael J. Dennis date 9-22-93

Operation Permit by: date

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