IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 77227 PIN# 4712 62 1033 DATE 3-17-98

OWNER OR CONTRACTOR Steven S. Lamberth PHONE: Business _____ Home 528 4418

ADDRESS 1238 Eufola Rd Statesville

LOCATION (136 Mustang Dr.) Buffalo Shoals TR Eufola TL Mustang last on Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5.5 acres SITE CLASS PSI DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1012 Date 1-1-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No. Fields 1 Square Feet 1035 Linear Feet 345
No Lines 5 + Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: [ ] I, II, III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: Gravity Quantico
Maintenance Agreement Required: [ ] Yes [X] No or PPS
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

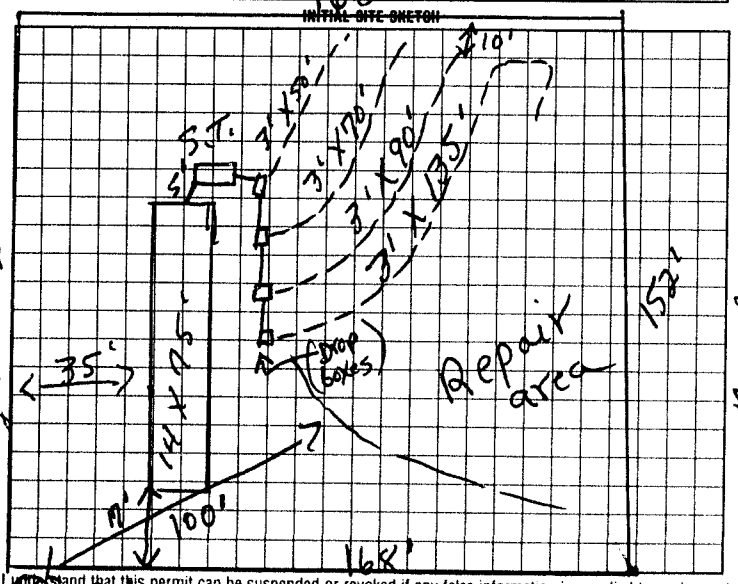
[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees _____
[ ] Other _____

Water Supply: [X] Individual [ ] Public [ ] Community

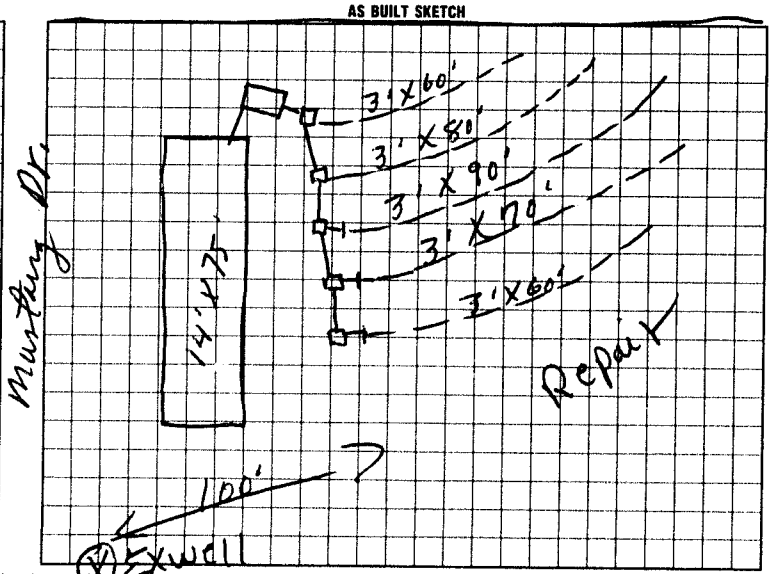
Comments:/Conditions:

Comments:/Conditions:
360' Installed

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 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: X Joyce Lamberth date _____ Installed by: Danny Lamberth

Improvement Permit by: E.C. Moore date 3-17-98 Operation Permit by: E.C. Moore date 5-12-99

Authorization to Construct by: E.C. Moore date 3-17-98 Existing System Inspection by: _____ date _____

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