16292

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Wade Lamberth DATE 5-28-93 PERMIT NO. 30-5-A-13

PHONE: Business _____ Home 528-5925

LOCATION I40 W TL Old Mtn. Rd. TR Buffalo Shoals Rd. TR Eufola Rd. TR Low Lane Rd. 3rd Lot on R.

SUBDIVISION NAME Wade S. Lamberth LOT NO. 13 SECTION OR BLOCK NO. _____ S.R. No. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area .5 acre

Soil Characteristics P.S. (Saprolite reclassified by J.C. Moore)

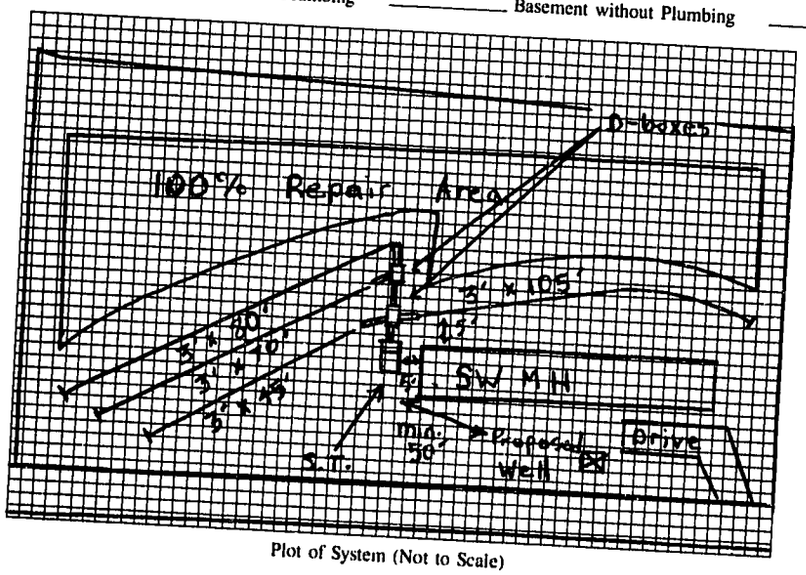
Application Rate .3 gpd/ft²

Topography 4-5% L

Depth to Water Table >4'

Rock or other impervious formations NA

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300'

Depth of Stone in Lines 12"

Water Supply: Individual ☑ well to be located.

Public ☐

Installed by AAA Enterprises

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Michael J. Dennis

COMMENTS Keep MH 5' from any part of septic system, keep well min 50' from any part of septic system. 100% Repair Area below system. Conventional, gravity fed.

CERTIFICATE OF COMPLETION BY Michael J. Dennis

EXISTING SYSTEM CHECKED BY _____ DATE 5-28-93

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold