IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 127464 PIN# 4712633620 DATE 5/16/05

OWNER OR CONTRACTOR Eric Lamberth PHONE: Business _____ Home 704-248-6365

ADDRESS 124 Low Ln. Statesville NC 28677

LOCATION Buffalo Shoals, TR Eufola, TR Low Ln, 3rd on Rt

SUBDIVISION Wade S. Lamberth BLOCK / SECTION _____ LOT 12 LOT AREA 1.027 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. —

Septic Tank: 1000 Gallons; STB 1007 Date 6-4-05
Pump Tank: 1000 Gallons; PT 274 Date 6-4-05
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet _____ Linear Feet Est 300
No Lines 5 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Pump Conventional
Repair System Description: Pump 25% Reduct.
Maintenance Agreement Required: ☐ Yes ☒ No

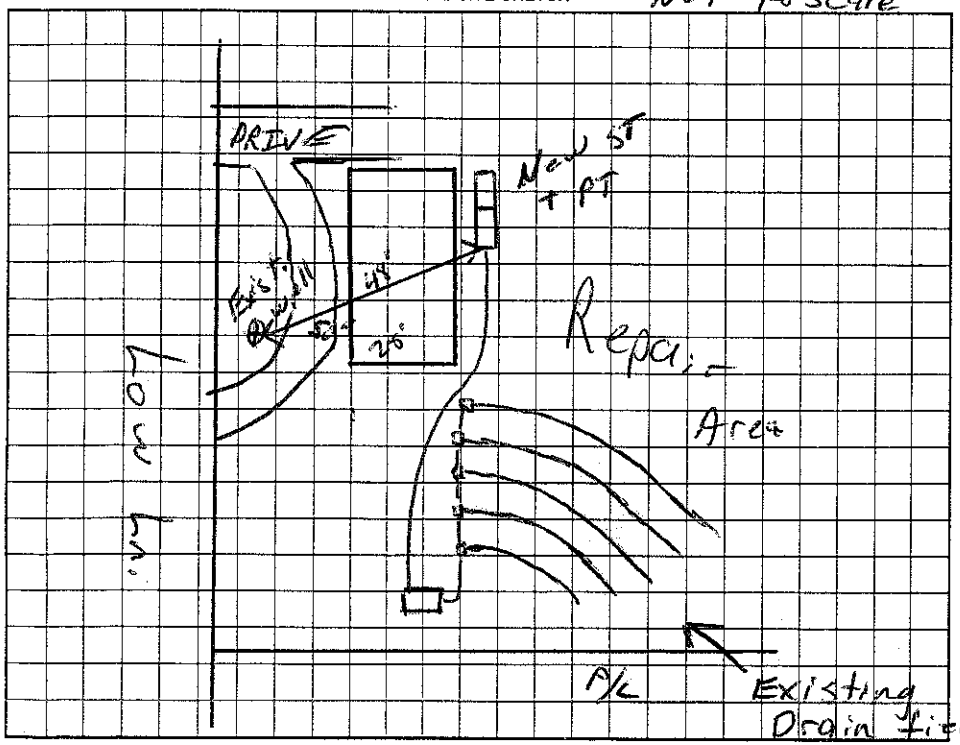
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

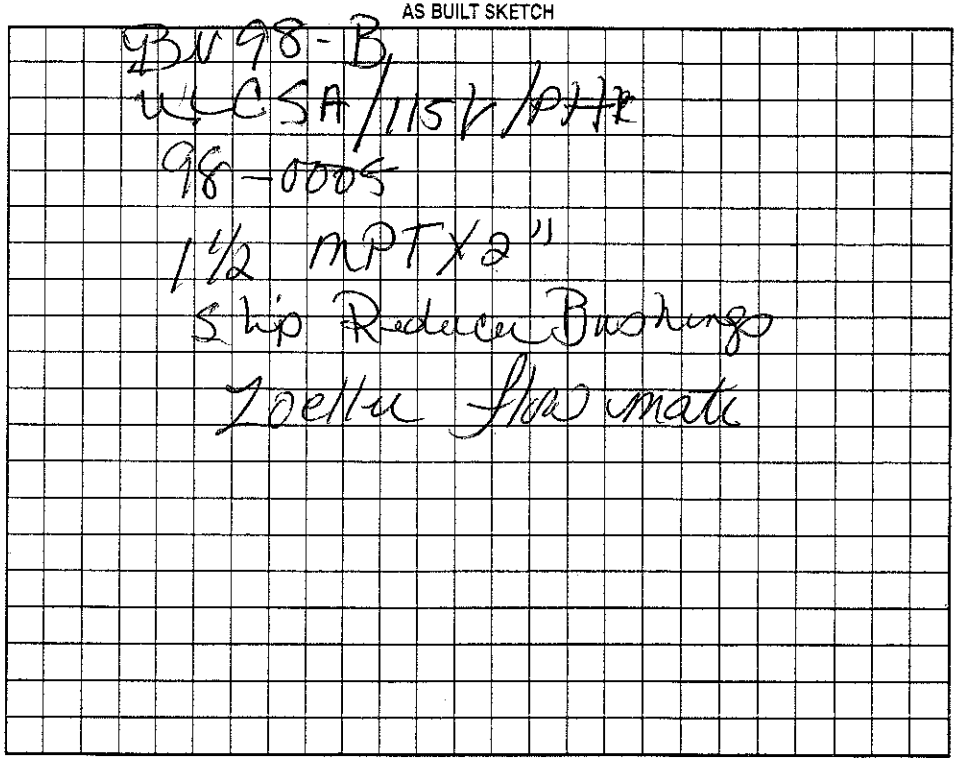
Comments/Conditions: Pump to Existing Septic Tank + drain field
Do Not cut For Home site

Comments/Conditions: Orig Zebel Filter
Septic tank Marker installed

INITIAL SITE SKETCH Not to scale



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: Eric Lamberth date 7-28-05 Installed by: Lambert

Improvement Permit by: RS date 5/16/05 Operation Permit by: Tully J. Cook date 11-8-05

Authorization to Construct by: RS date 5/16/05 Existing System Inspection by: _____ date _____

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