~~Repair~~ Existing System

IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE Oct 1999

PERMIT# 84148 PIN# 4716 60 7045

OWNER OR CONTRACTOR Lonnie Lambert PHONE: Business _____ Home _____

ADDRESS 210 Cedar Ridge Loop Statesville, N/C

LOCATION Hwy 90 W (R) Little Farm (L) 2nd Entrance Cedar Ridge on Left # 210

SUBDIVISION Cedar Ridge Dev. BLOCK / SECTION _____ LOT 36 LOT AREA _____ SITE CLASS PS DESIGN FLOW _____ L.T.A.R. .5 (1988 Rules)

Septic Tank: 1000 ~~East~~ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 2 Trench Width 36" Max Trench Bottom Depth _____ Gravel Depth 12"

☐ New System ☑ Repair System Type: I, II, III, IV, V, VI

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

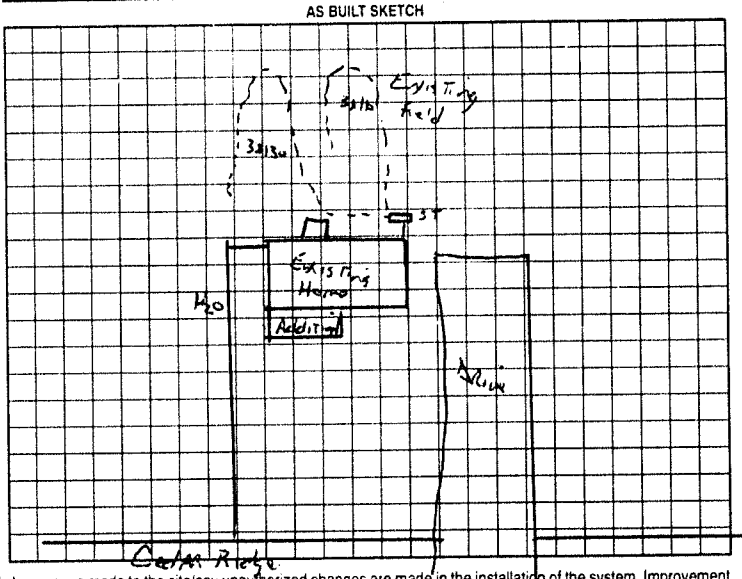
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

Comments/Conditions: ① No sign of Failure ② 10x40 Addition To Front Staying 3 Bedroom

INITIAL SITE SKETCH

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: Lonnie F. Lambert date 10/19/99 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: J C Potter date Oct 1999

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