IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (ad) MOORESVILLE 704-664-5281

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

PERMIT# 150018 PIN# 4717-68-1330

OWNER OR APPLICANT Rodney & Kim Lambert DATE 12 May 08

ADDRESS 113 Windy Hill Rd Statesville PHONE: Business (704) 902-9379 Home 704-876-2646

LOCATION 265 Cove Gap Rd / 115 N Turn Midway / TR Cove Gap Rd, TL private Rd (about 1/5 mile)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.7 Ac. SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. 0.3 gpd/sf

Septic Tank: 1000 Gallons: STB 760 Date 4-19-08

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet = 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

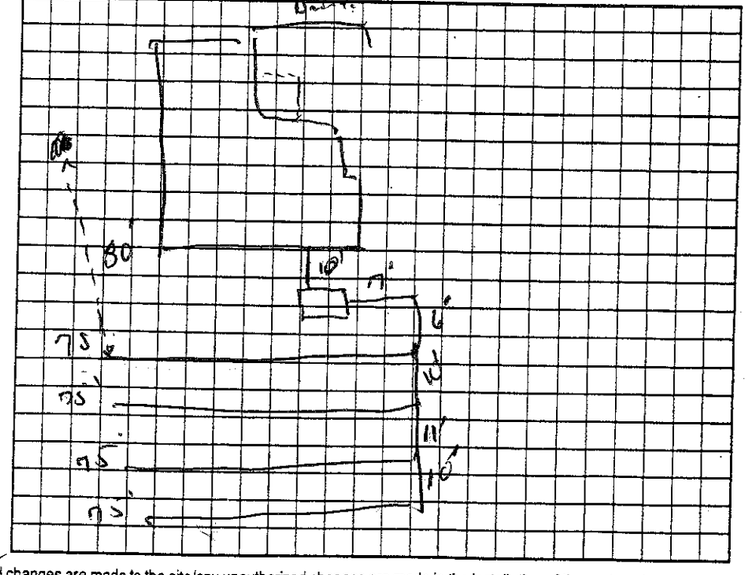
Follow contour - Honor setback requirements.

INITIAL SITE SKETCH

Please see Attached Layout

Comments:/Conditions: Tough-Tite /

AS-BUILT SKETCH



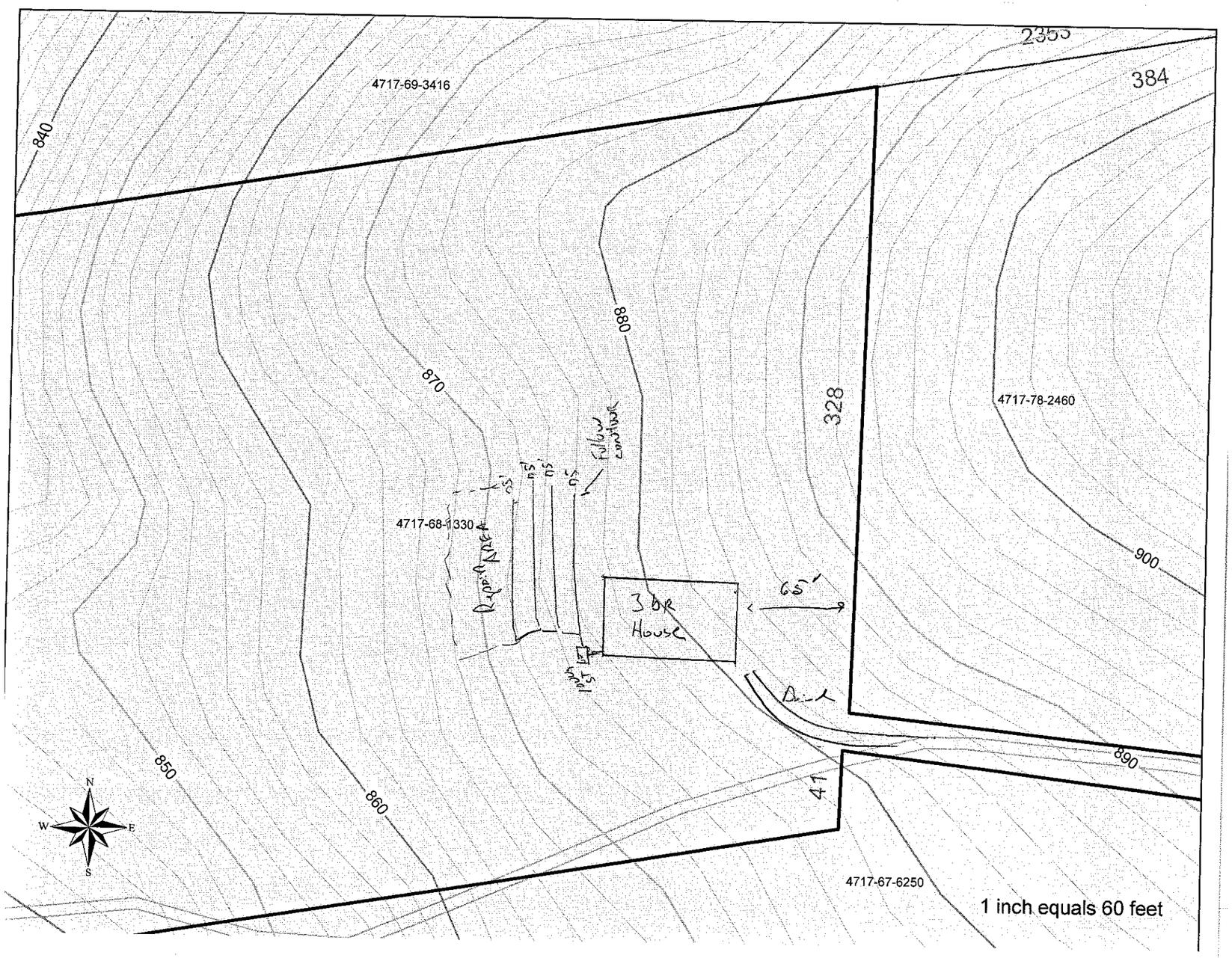
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Kim Lambert date 5/13/08 Installed by: Jim Abee

Improvement Permit by: _____, R.S. date 12 May 08 Operation Permit by: _____, R.S. date 21 July 08

Authorization to Construct by: _____, R.S. date 12 May 08 Existing System Inspection by: _____ date _____

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


4717-69-3416
2355
384
840
880
870
328
4717-78-2460
900
4717-68-1330
Road
3 BR
House
65'
890
850
860
41
4717-67-6250
N
W
E
S
1 inch equals 60 feet