IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139108 PIN# 4740553158 DATE 11/20/06

OWNER OR APPLICANT CLARENCE LAMBERT PHONE: Business _____ Home _____

ADDRESS 190 LIPE RD, TROUTMAN, NC 28166

LOCATION HWY 21 N, LT FLOWER HOUSE, LT ON LIPE, RT ON BRYAN LN, ON RT

SUBDIVISION LAMBERT BLOCK / SECTION _____ LOT 12 LOT AREA .46 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons: STB 100 Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet [redacted] 3/12

No Lines 4@75 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% REDUCTION GRAVITY

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Persons 6 No. Employees _____

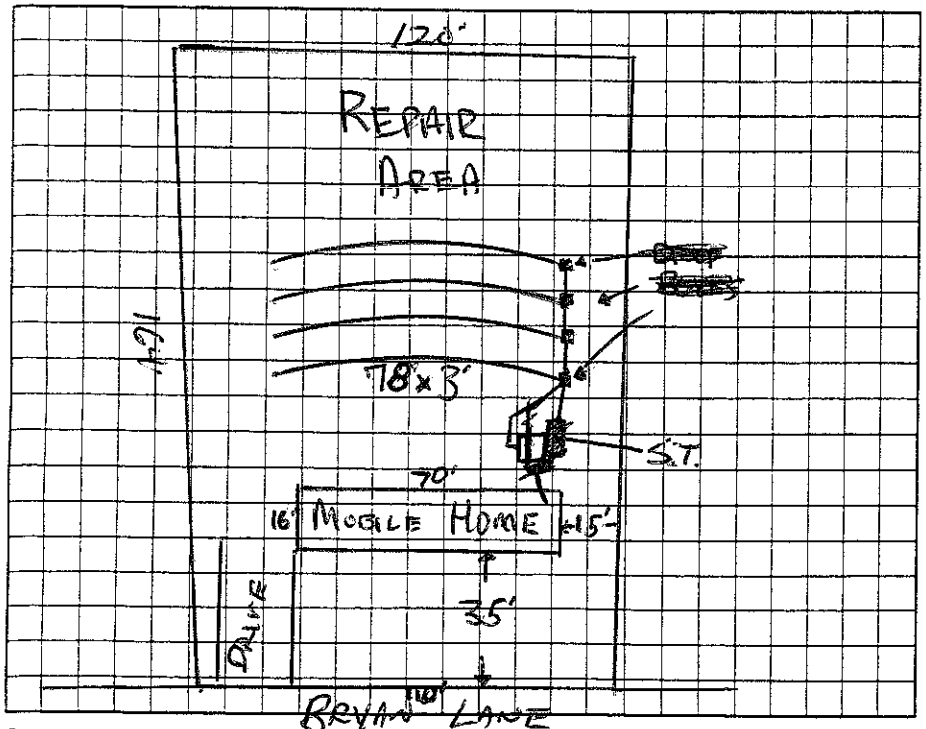
Water Supply: ☐ Individual ☐ Public ☒ Community

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

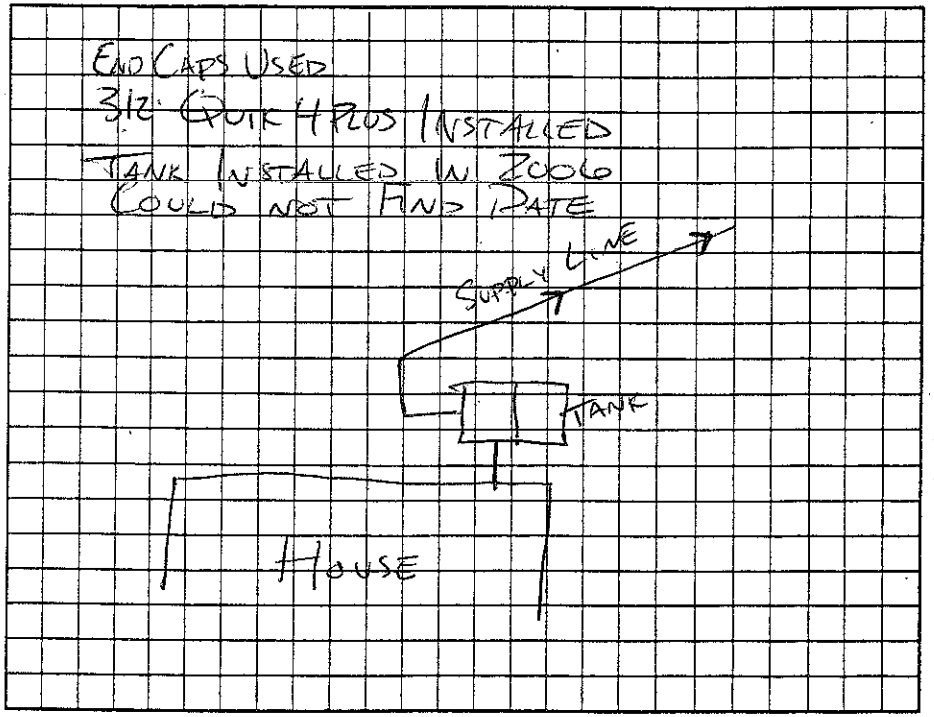
Comments:/Conditions: FOLLOW CONTOURS, INSTALL DROP BOXES 9" MIN ON CENTERS

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



3 78 4 312

19 4 76

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: Glenda Lambert date 12/4/06

Improvement Permit by: Joseph E. Alph date 11/20/06

Authorization to Construct by: Joseph E. Alph date 11/20/06

Installed by: Kim Gooding

Operation Permit by: [signature] REHS date 9-8-11

Existing System Inspection by: _____ date _____

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