IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE Oct 26 99

OWNER OR CONTRACTOR Gary Lamberth PHONE: Business 528 6767 Home _____

ADDRESS 163 Pine St Rd Troutman

LOCATION S Hwy 21 (B) Rose State Rd Fr end on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines One Trench Width 36 Max Trench Bottom Depth 36 Gravel Depth 12

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

System Description: _____

Repair System Description: Conv Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

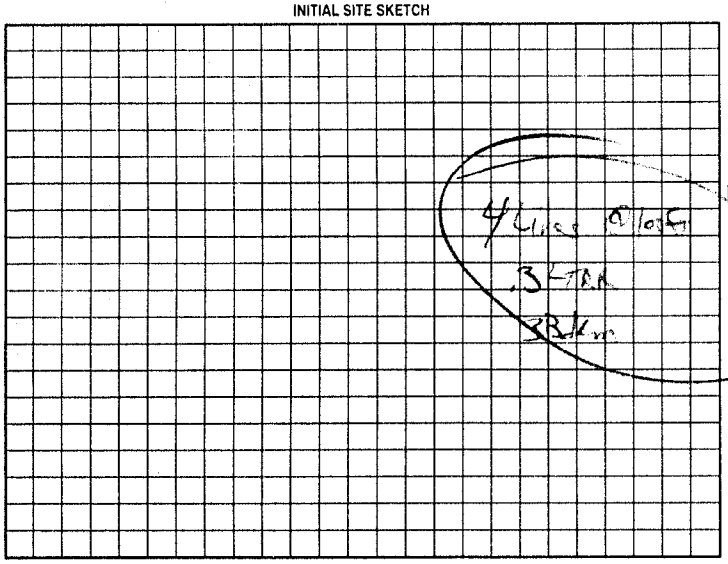
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community Well

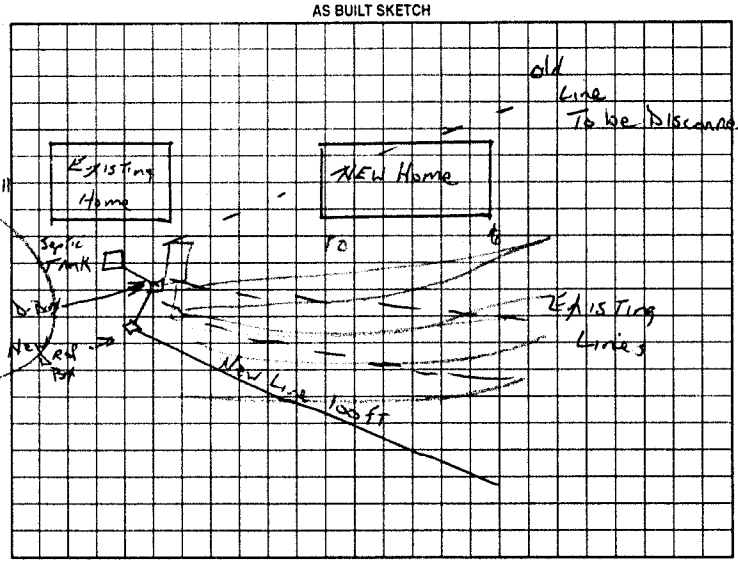
Comments/Conditions:

Comments/Conditions: ~~Abandon~~ Locate Drop Box for Lower Existing Lines & Tie into with Sch 40 To New Drop box for New Line Install 100ft New Line on contour observing setbacks

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: _____ date 10-26-99 Installed by: _____

Improvement Permit by: _____ date Oct 2699 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date Oct 26 99 Existing System Inspection by: _____ date _____

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