IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed by the property owner or agent before Health Department can begin site evaluation for each proposed site.

PERSONAL INFORMATION:

Brad Bayliss 462-5116 [illegible]
Applicant (Print or Type) Phone # Mailing Address

Same
Current Property Owner Mailing Address City State Zip Code

PROPERTY INFORMATION:

Brad Bayliss [illegible]
(Proposed) Subdivision Name (Proposed) Lot # (Proposed) Road Name

Private Well
(Proposed) Water Supply (Public, Private, etc.) (Proposed) Sewage Disposal (Septic Tank, Pump to Surface, Innovative, etc.) LOT SIZE

Specific Directions to Property [illegible]
[illegible]
[illegible]
[illegible]

TYPE OF FACILITY: (Use check (✓) or number as appropriate)

House ____ Mobile Home ____ Commercial ____ No. Bedrooms ____

No. Persons or Employees (commercial only) ____ Basement ____ Basement Sump ____

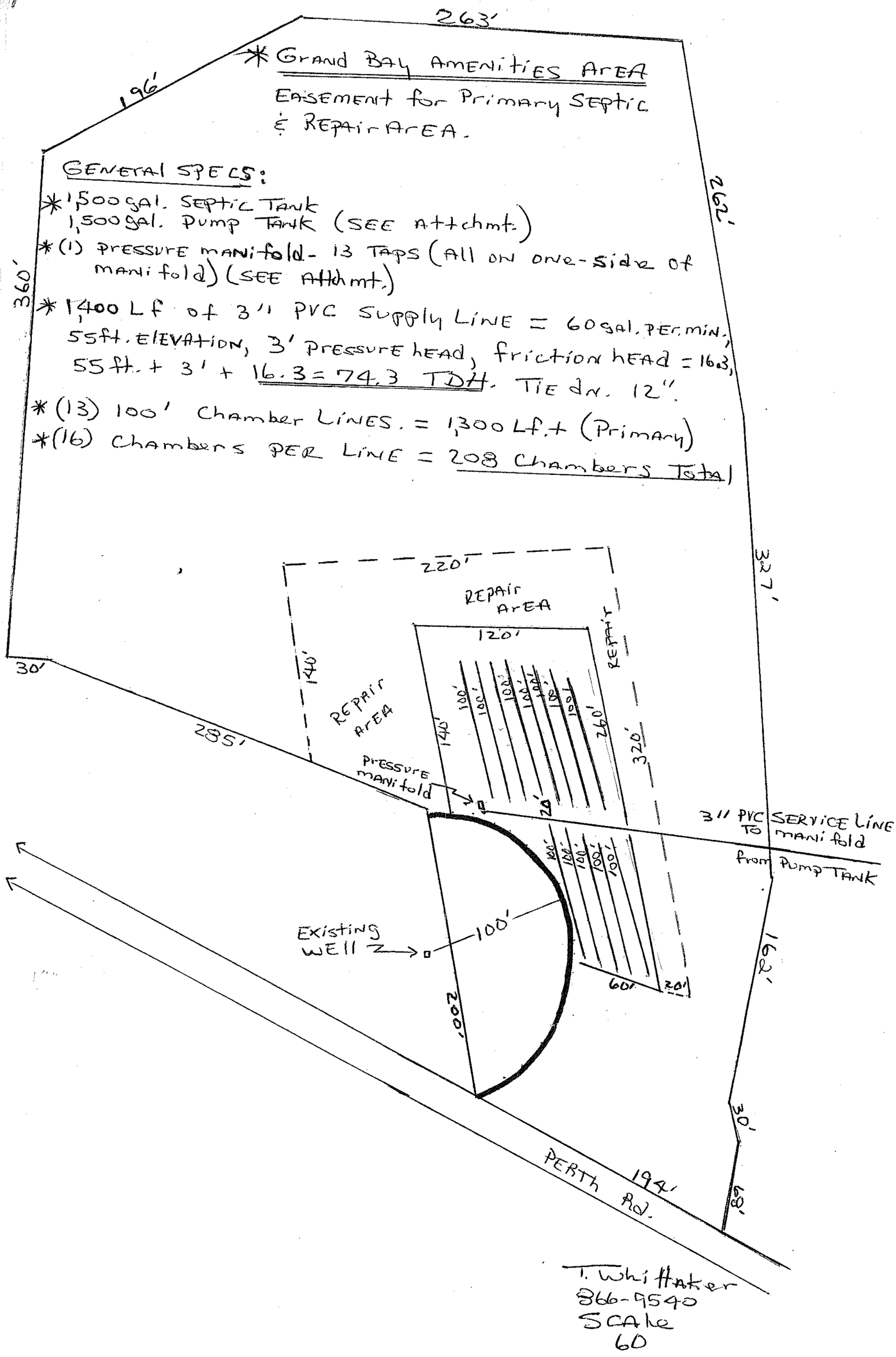
Crawl Space ____ Combination Slab ____ Garbage Disposal ____ Jacuzzi ____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soil/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system improvement permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for the purpose of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other state and county laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge at this time.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

8/24/95 [illegible]
Date SIGNATURE OF OWNER OR AUTHORIZED AGENT



* GRAND BAY AMENITIES AREA

EASEMENT for Primary SEPTIC & REPAIR AREA.

GENERAL SPECS:

* 1,500 gal. SEPTIC TANK
1,500 gal. PUMP TANK (SEE Attchmt.)

* (1) PRESSURE MANIFOLD - 13 TAPS (ALL ON ONE-SIDE of MANIFOLD) (SEE Attchmt.)

* 1,400 Lf of 3" PVC SUPPLY LINE = 60 gal. PER MIN., 55ft. ELEVATION, 3' PRESSURE HEAD, FRICTION HEAD = 16.3, 55 ft. + 3' + 16.3 = 74.3 TDH. TIE dn. 12".

* (13) 100' CHAMBER LINES. = 1,300 Lf.+ (Primary)

* (16) CHAMBERS PER LINE = 208 CHAMBERS Total

T. Whitaker
866-9540
SCALE
60