Site address: 117 Shaleish Ln

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123446 PIN# 4658.36 71.30 DATE 9-10-04

OWNER OR CONTRACTOR Roland & Sara Baykin PHONE: Business 663-7895 Home

ADDRESS 243 Bailey Rd Mooresville NC

LOCATION Hwy 21 North To Bailey Rd ~6/10 mile on left

SUBDIVISION ____ BLOCK / SECTION ____ LOT J LOT AREA 3acres SITE CLASS. PS DESIGN FLOW 240gpd 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 Existing Linear Feet ____

No Lines ____ Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: Existing Gravity-Conventional

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 2 No. Bathrooms 1 No. Employees ____

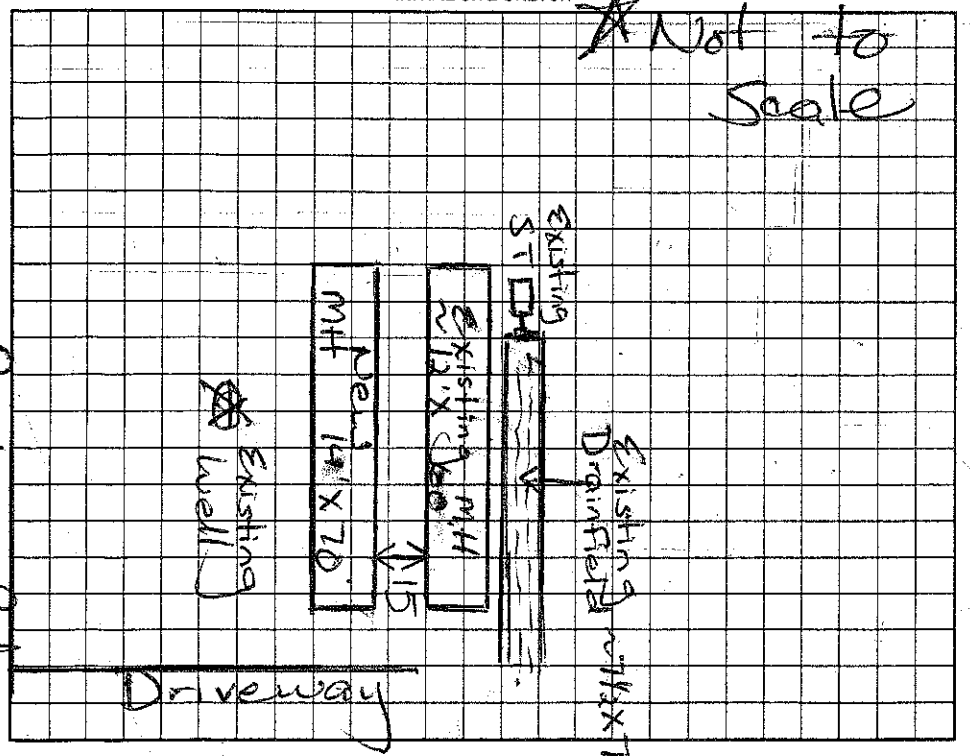
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual Shared ☐ Public w/ Neighbor ☐ Community

Comments:/Conditions: Existing Septic System appears to be functioning okay at time of inspection.

Comments:/Conditions: Buildings over part of Drainfield will be removed.

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: [signature] RS date ____

Improvement Permit by: Marietta Dotson RS date 9/10/04

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: Marietta Dotson RS date 9/10/04

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