IREDELL COUNTY HEALTH DEPARTMENT

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

49916

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17550 DATE 12/9/93 TAX MAP NO. 6K-20-B-5 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR TONY R. BAITY PHONE: Business _____ Home 873-1718

ADDRESS RT. 17 BOX 123 STILL, NC 28677

LOCATION NC 90 W, TR MONTICELLO, TL MILLER FARM, TL HALL DR, AT END ON (R)

SUBDIVISION SUNNYDALE BLOCK / SECTION II LOT 5 LOT AREA AMPLE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons: STB 782 Date 2/16/94
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345
No Lines 4 Trench Width 36 Max Trench Bottom Depth 18-36 Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONVENTIONAL PUMP
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

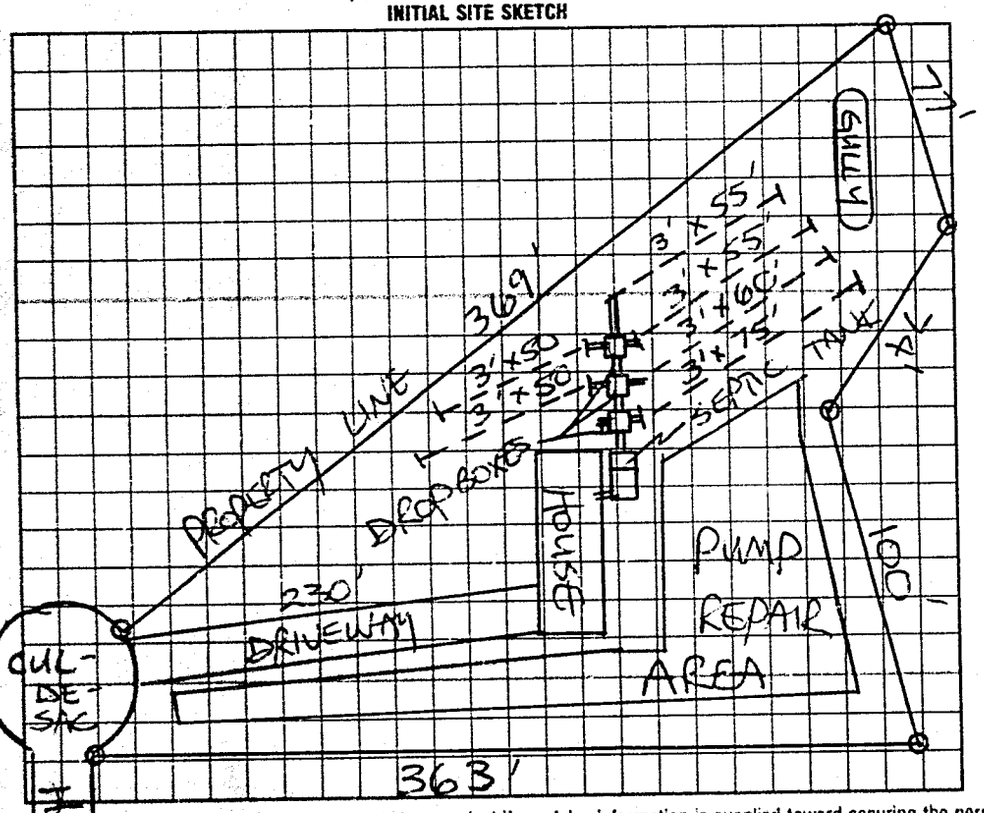
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: (1) KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE (2) INSTALL LINES ON CONTOUR NO DEEPER THAN 36" 9' ON CENTER (3) NO VEHICULAR TRAFFIC ALLOWED OVER DRAINLINES

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE SKETCH

I understand that this 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 is valid for 60 months from date of issuance.

Signed: X Jony R Baity

Improvement Permit by: STEVE HEDRICK date 12/9/93

Existing System Inspection by _____ date _____

Installed by: JAMES HUZER

Certificate of Completion by: STEVE HEDRICK date 3/21/94

Operation Permit by: _____ date _____

HEALTH DEPT COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD