This Voids Permit issued 4-4-97

IREDELL COUNTY HEALTH DEPARTMENT

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

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

*PERMIT# 26361 / 83720 PIN# Tax Map 4733 00 33 47 (pt) DATE Aug 27, 99

OWNER OR CONTRACTOR Donald & Jane ~~Seymour~~ STRAUSS PHONE: Business _____ Home 871-1817

ADDRESS 213 Baymount Drive Statesville NC

LOCATION Wallace Springs Road (R) Woodfield Drive on Left gravel drive past 4 house

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 12.503 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 9.1299 Date 8-23-12

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 530

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI

System Description: GRAVITY Conventional

Repair System Description: SAme

Maintenance Agreement Required: [ ] Yes [X] No

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 3

[ ] Business No. Employees _____

[ ] Other _____

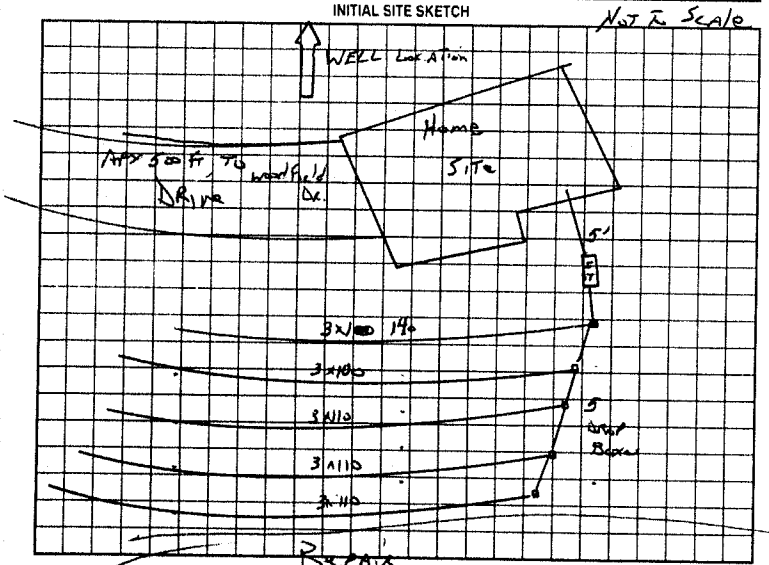
Water Supply: [X] Individual [ ] Public [ ] Community WELL

Comments/Conditions: INSTALL on CONTOUR

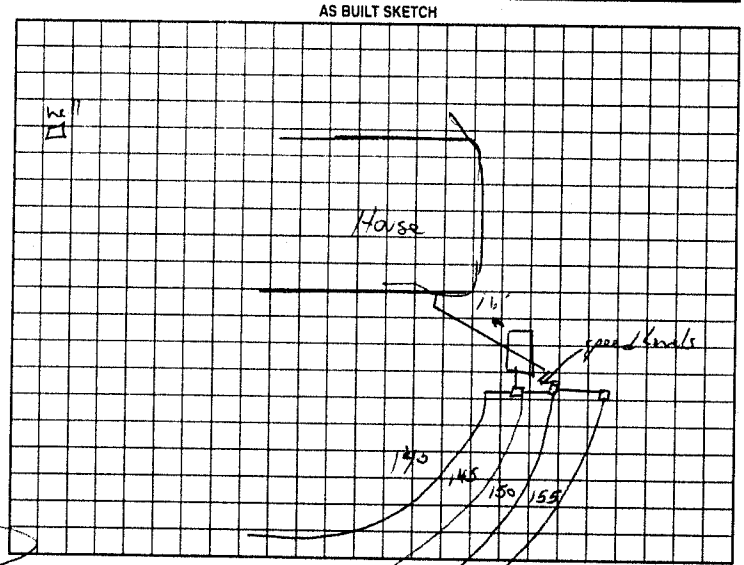
LOCATE well 100 FT From Any PART of Septic System

Comments/Conditions: TOTAL line Length 590 LFT

INITIAL SITE SKETCH Not To Scale



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: Jane M Strauss date 8-30-99

Improvement Permit by: L. Potter date 8 27 99

Authorization to Construct by: L. Potter date 8 27 99

Installed by: Wes Lytton

Operation Permit by: L. Potter date March 3-2000

Existing System Inspection by: _____ date _____

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