IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 128675 PIN# 4756571894 DATE 7-15-05

OWNER OR CONTRACTOR Jim Jadar PHONE: Business 704-883-0003 Home 704-876-4708

ADDRESS 110 Bonnie Lane Statesville NC 28625

LOCATION 21N - (R) Jane Sowers (L) 1st Baymont - (R) Baymont Ln - (R) Big Oak Ln Lot #3

SUBDIVISION Baymont Meadows BLOCK / SECTION ____ LOT 3 LOT AREA ____ SITE CLASS B DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1100 Gallons; STB 1007 Date 11-7-05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet 1200 Linear Feet ~~400~~ 300

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

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

System Description: Conven / Gravity

Repair System Description: Convent / Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

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

Water Supply: ☐ Individual ☐ Public ☑ Community

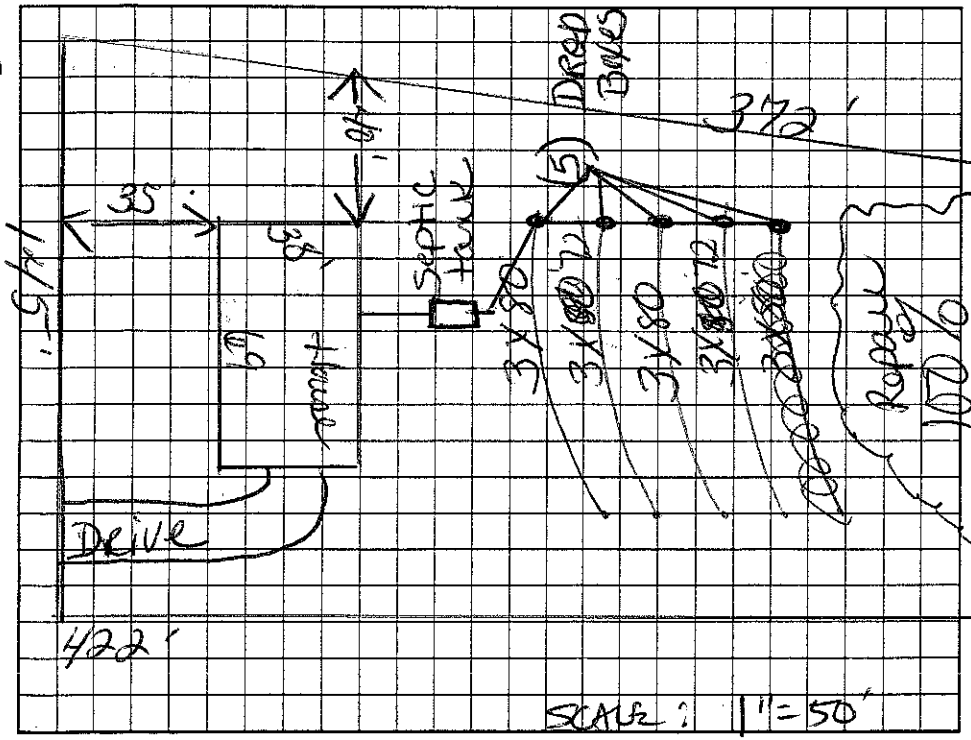
Comments:/Conditions:

36" Max trench Depth

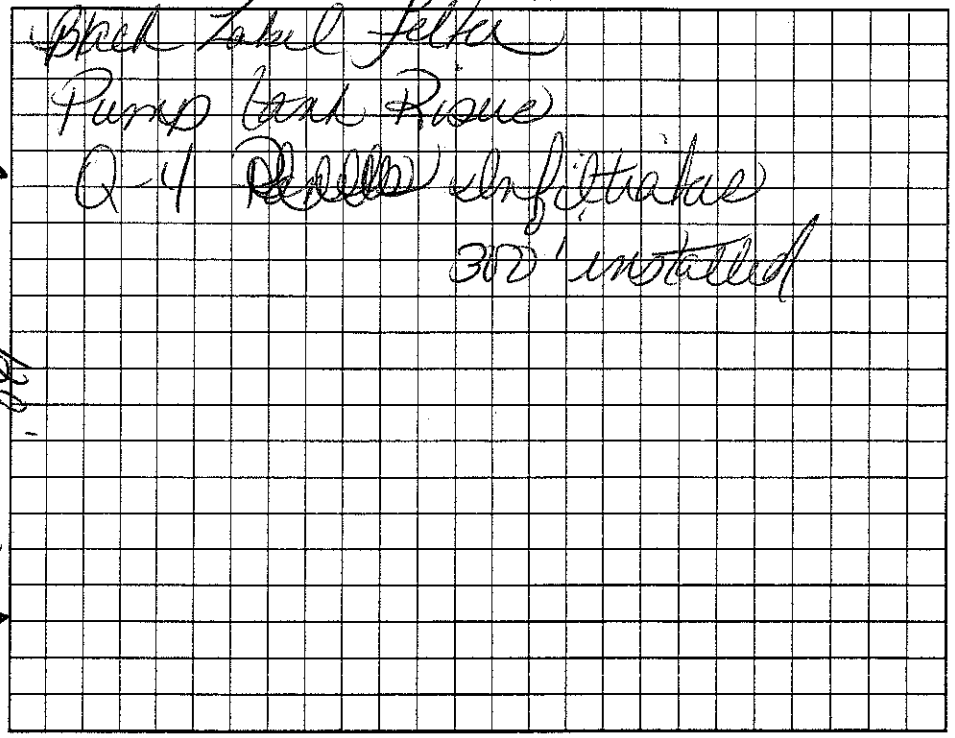
Comments:/Conditions:

accepted System may also be used

INITIAL SITE SKETCH



AS BUILT SKETCH



4 Big Oak Lane

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: Jim Jadar date 7/15/05 Installed by: Barnes Backhoe Grading

Improvement Permit by: Lilly Cook date 7-14-05 Operation Permit by: Lilly Cook date 7-13-06

Authorization to Construct by: Lilly Cook date 7-14-05 Existing System Inspection by: ____ date ____

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