IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (a) MOORESVILLE 704-664-5281

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

PERMIT# 118304 PIN# 4756-57-2659 DATE 2-19-04

OWNER OR CONTRACTOR RICHARD W. WILSON PHONE: Business 704-902-3511 Home 704-873-9034

ADDRESS 2210 JAMES WAY STATESVILLE NC 28625

LOCATION US 21 N TR JANE SOWERS RD, TL BAYMOUNT DR, TL BAYMOUNT DR WEST, TL BIG OAK LANE, END ON LEFT

SUBDIVISION BAYMOUNT MEADOWS BLOCK / SECTION W/W LOT 4 LOT AREA 1.4334 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 620 Date 11-1-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533

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

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other W/ BONUS ROOM

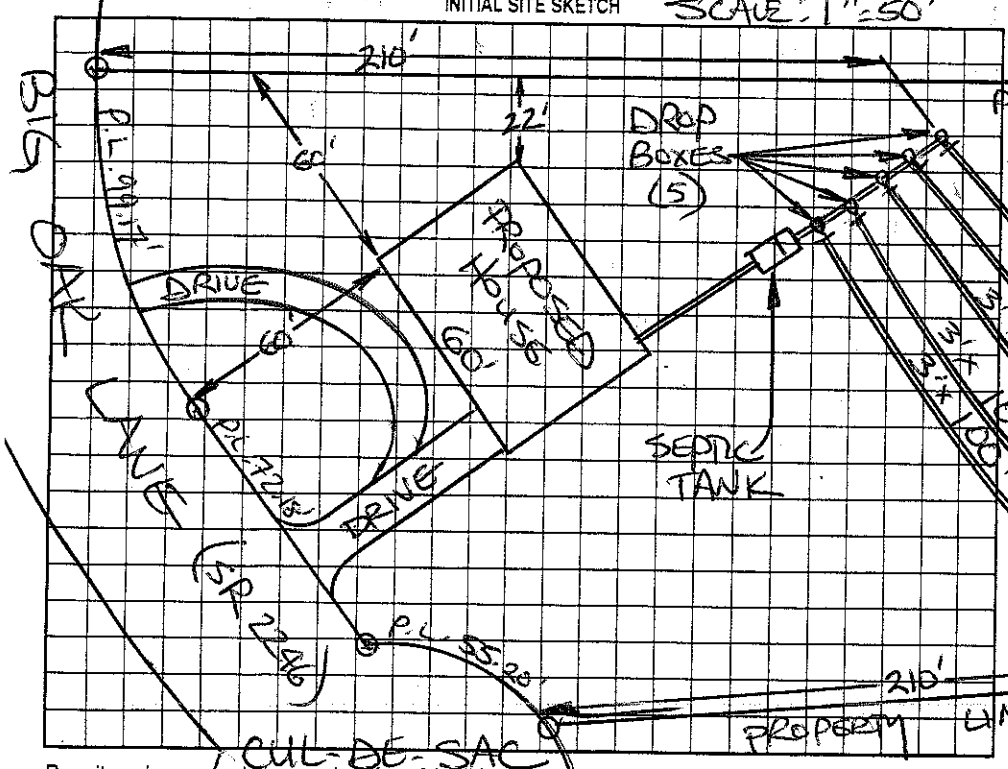
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

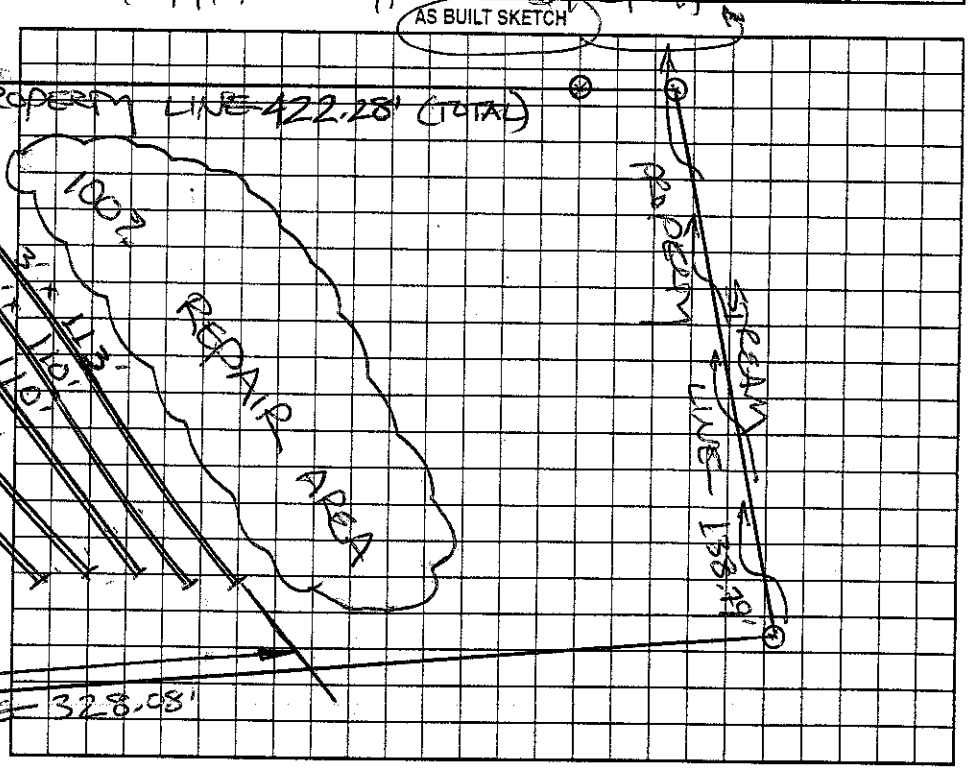
Comments:/Conditions: CONTACT HEALTH DEPARTMENT AFTER CLEARING & PRIOR TO INSTALLATION TO FLAG-OUT SYSTEM

Comments:/Conditions: (2) SEPTIC TANK WITH RISERS & MARKER INSTALLED USING "TUFFITE" FILTER (3) SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

INITIAL SITE SKETCH SCALE: 1"=50'



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: Richard W. Wilson date 2/26/04

Improvement Permit by: STEVE HEDRICK date 2-19-04

Authorization to Construct by: STEVE HEDRICK date 2-19-04

Installed by: SAMMY REAMS

Operation Permit by: STEVE HEDRICK date 4-28-05

Existing System Inspection by: _____ date _____

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