IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089024 PIN# 4756 57 3551 DATE 5-13-2000

OWNER OR CONTRACTOR LOU EARNHARDT PHONE: Business _____ Home 871-0845

ADDRESS P.O. BOX 284, STATESVILLE, NC 28687

LOCATION US 21 N, TR JANE SOWERS, TL BAYMOUNT, BEAR LEFT TWICE, TL BIG OAK LANE, AT END ON LEFT

SUBDIVISION BAYMOUNT BLOCK / SECTION JC LOT 5 LOT AREA 1.950 ACRES SITE CLASS PS DESIGN FLOW 600 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1500 Gallons; STB 1071 Date 9-20-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQ. TO 2000 Linear Feet 500+
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 6" SAND

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% REDUCTION, SERIAL
Repair System Description: 25% REDUCTION, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

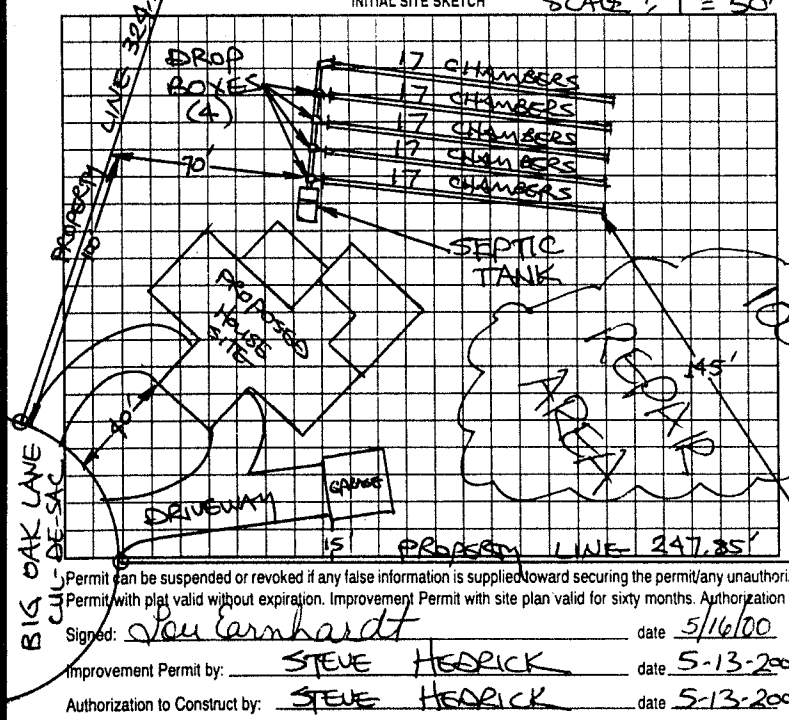
☑ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 3½
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

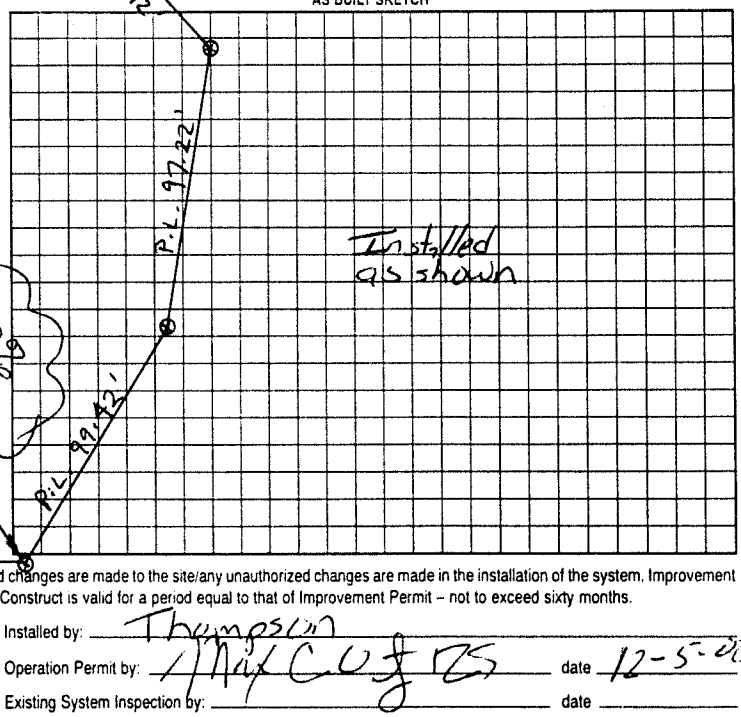
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM USING EIGHTY-FIVE (85) CHAMBERS (AS REQUEST)

Comments/Conditions: 1ST LINE OK - CHECK FOR FILTER 12/1/00 -GM

INITIAL SITE SKETCH SCALE 1" = 50'



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied. Forward 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: Lou Earnhardt date 5/16/00 Installed by: Thompson

Improvement Permit by: STEVE HEDRICK date 5-13-2000 Operation Permit by: Mark C. Ust RS date 12-5-00

Authorization to Construct by: STEVE HEDRICK date 5-13-2000 Existing System Inspection by: _____ date _____

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