IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 219638

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

PIN # 4756576937

APPLICANT: Teresa S. Watts APPLICANT ADDRESS: 173 Baymount Dr Statesville NC

SITE ADDRESS: 173 Baymount Dr Statesville NC PHONE: 704-657-1340 ALT. PHONE: N/A

SITE DIRECTIONS: 21 N T/R Jane Sowers Rd T/L Baymount 4th house on left

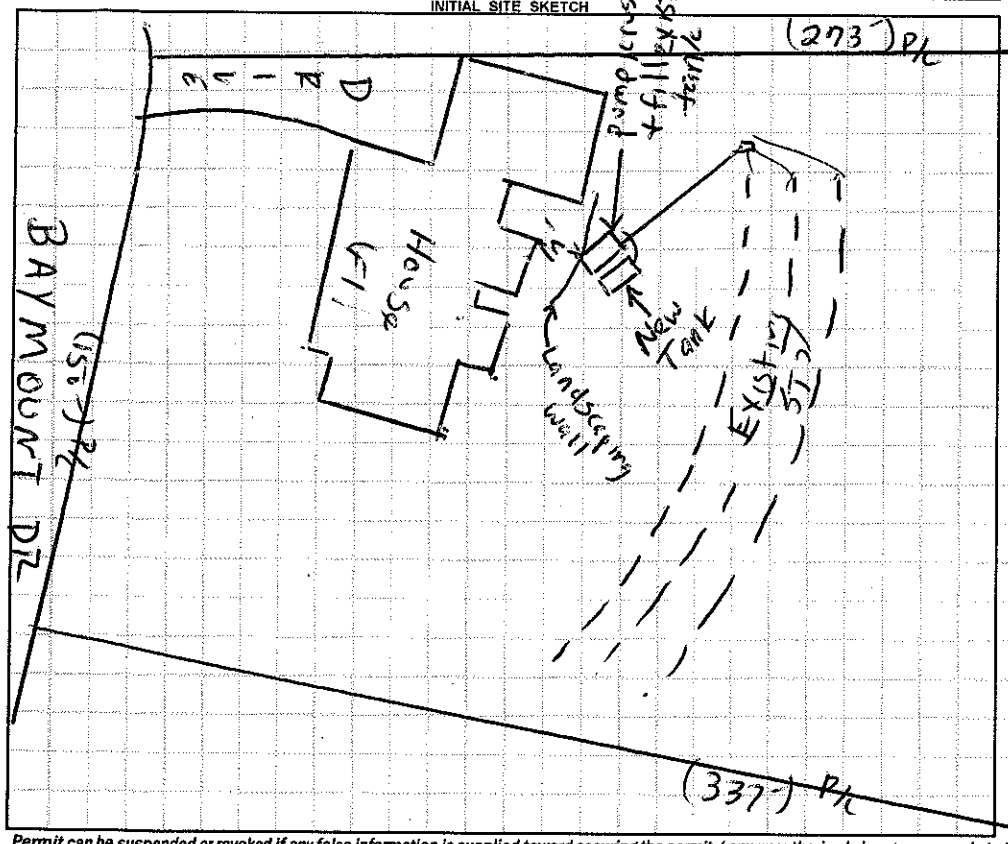
SUBDIVISION: Baymount Meadows SECTION: N/A LOT # 2 LOT AREA: 1.26 ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	1000 (gal)	STB	760	Date	2-9-16	☐ New System	☒ Repair	☐ Expansion	System Type: I ☒ II ☐ III IV V VI
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	TANK		
Pump Make	N/A	Model	Polylok	Serial #	PL-66	Repair System Description:			
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	Ex	Max. Trench Bottom Depth	Ex	Gravel Depth	Ex	☒ GRAVITY	☐ PRESSURE		

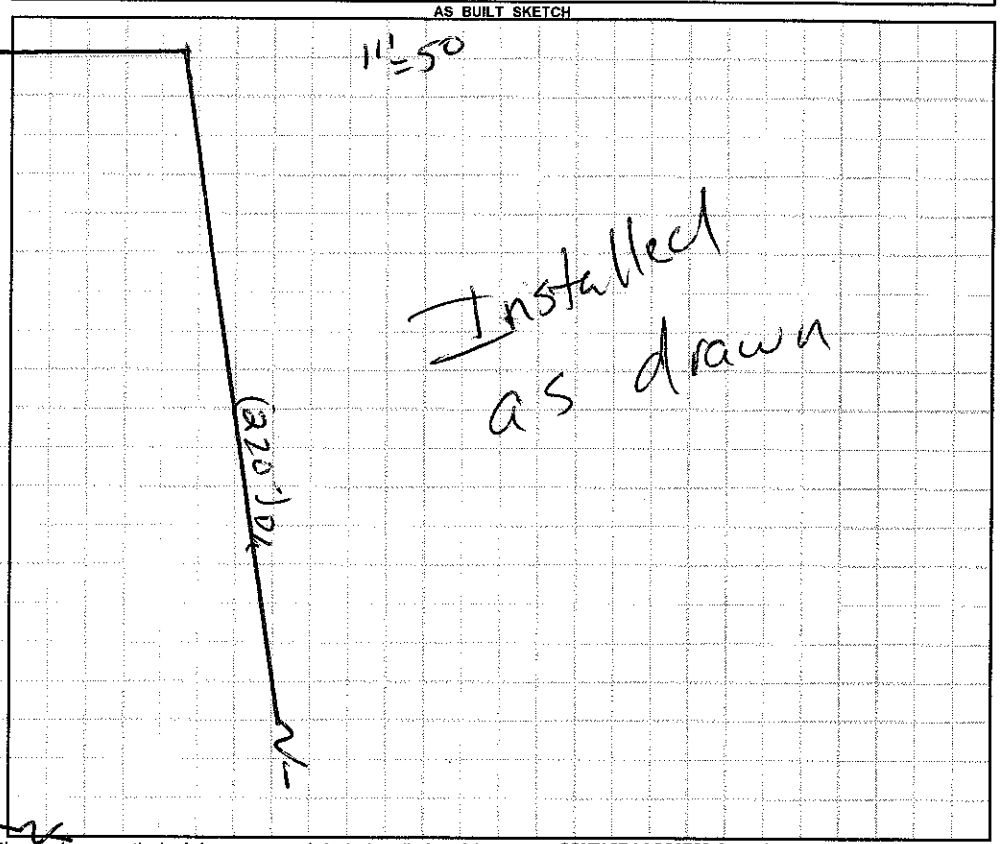
☐ Residence	No. Bedrooms	Ex	**Water Supply**		
☐ Business	No. Persons	Ex	☐ Private		
☐ Other	No. Employees		☒ Public		
☐ Slab	☐ Crawl Space		☐ Community		
☐ Basement w/plumbing			☑ Basement w/o plumbing		

Comments / Conditions: Maintain no greater than 6" of cover over new tank or use risers. Maintain 5' off any foundation.

INITIAL SITE SKETCH



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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Teresa S Watts Date: 6-22-16 Installed by: Leatz Wastewater

IMPROVEMENT PERMIT by: [signature] Date: 06/22/16 OPERATION PERMIT by: [signature] Date: 06/30/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 06/22/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK