2:00

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 177402

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

PIN # 4756579947

APPLICANT: Gary Robinson APPLICANT ADDRESS: 164 Baymount Dr.

SITE ADDRESS: 164 Baymount Dr. PHONE: 704-876-4718 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N TR Jane Sowers Rd. TL Baymount Dr.

SUBDIVISION: Baymount Dr. SECTION: N/A LOT # 21 LOT AREA: 0.8 acres DESIGN FLOW: 360 gpd L.T.A.R.: Existing

Septic Tank 1000 (gal) STB 760 Date 10-12-12
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines Ex Linear Ft: Ex
Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

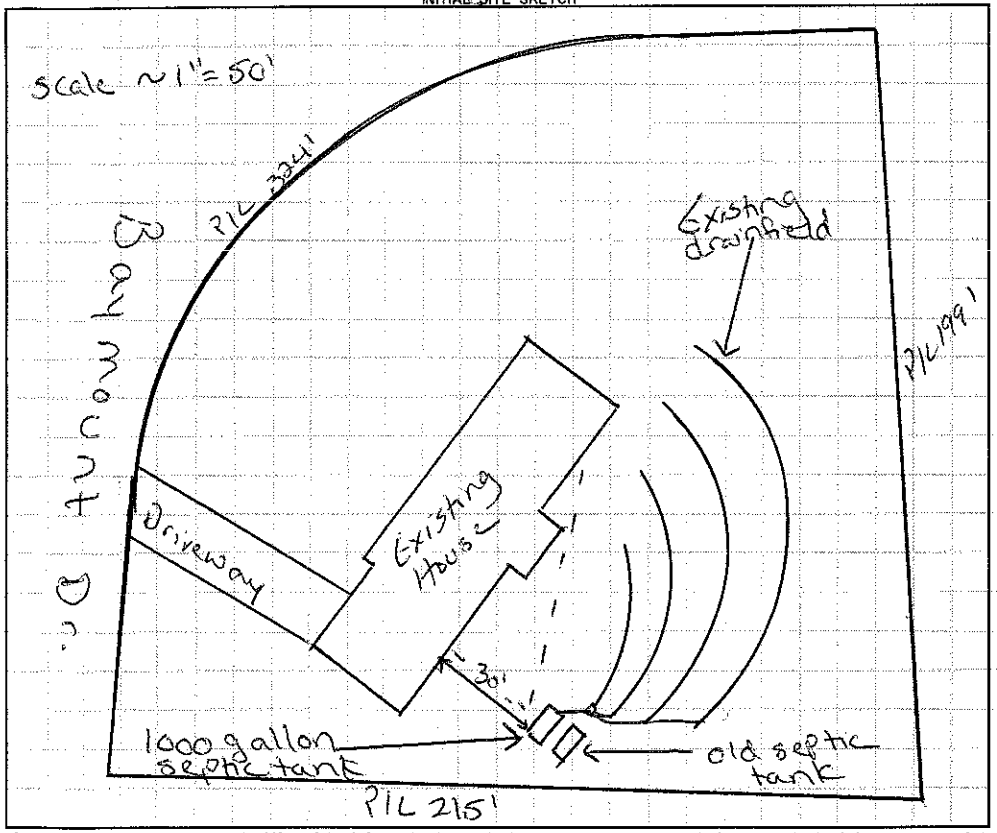
☐ New System ☑ Repair ☐ Expansion System Type: I [II] III IV V VI
System Description:
Repair System Description: TANK
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☑ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

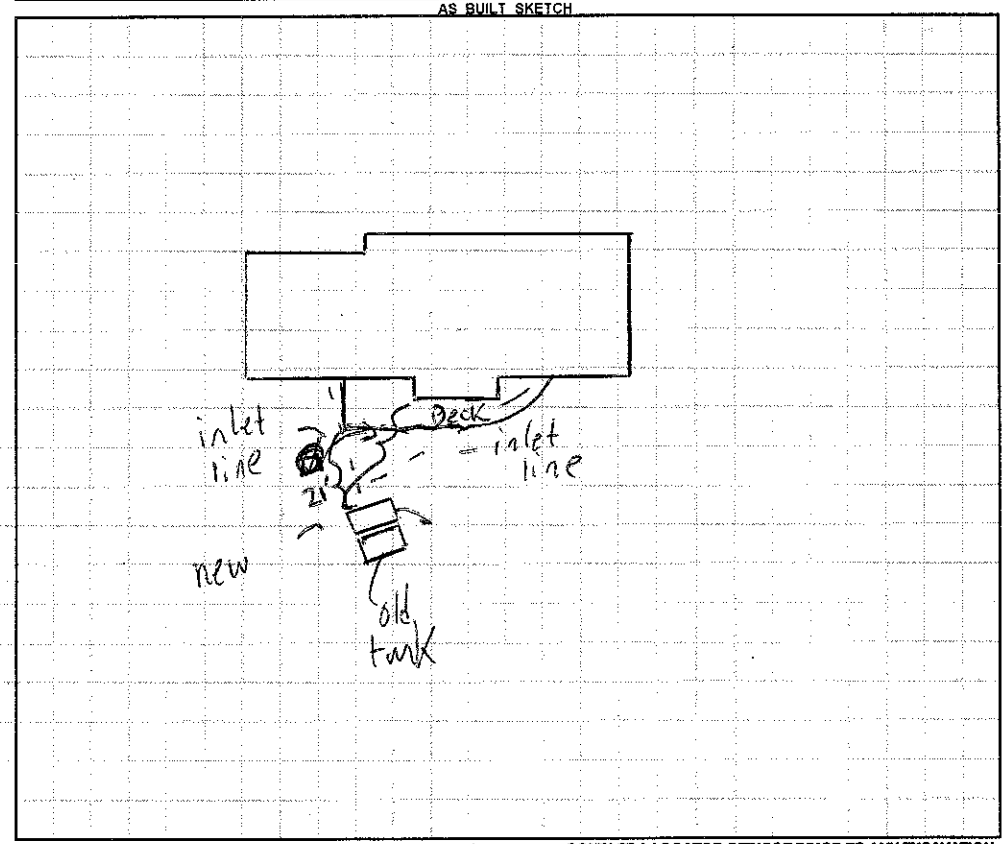
Water Supply
☐ Private
☑ Public
☐ Community

Comments / Conditions: Set new 1000 gallon septic tank & connect to existing drainfield. Install risers over septic tank if tank is deeper than six inches. Pump & Crush existing septic tank

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: Gary Robinson Date: 3/11/13 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Justin Henderson Date: 3-6-13 OPERATION PERMIT by: James Date: 3-15-13

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 3-6-13 Existing System Inspected by: Date:

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