IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 76417 PIN# 4756 58 1530 DATE 9-17-98

OWNER OR CONTRACTOR Gordon Schaffer PHONE: Business _____ Home 876 3550

ADDRESS 127 Frair Tuck Rd Statesville N.C.

LOCATION Jane Sawers Turn Baymount Dr. TO Baymount West TR Renaissane Znt lot Nt.

SUBDIVISION Baymount BLOCK / SECTION _____ LOT 2 LOT AREA .98 Acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .32

Septic Tank: 1000 Gallons; STB 1012 Date 7-7-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1170 Linear Feet 390
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: _____
Maintenance Agreement Required: [ ] Yes [X] No

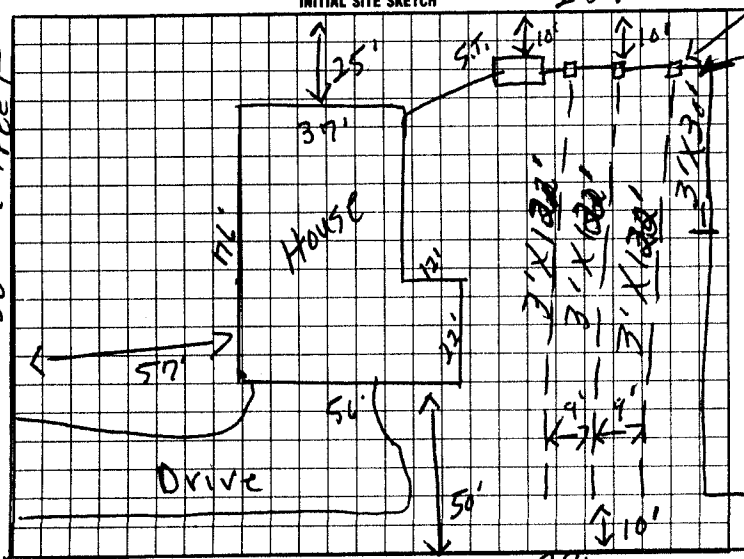
[ ] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2 1/2
[ ] Business No. Employees _____
[ ] Other _____
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

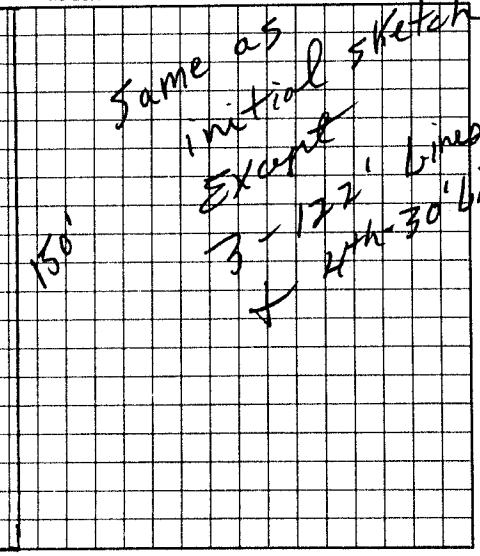
Comments:/Conditions:

Comments:/Conditions:
Drop boxes

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: Gordon T. Schaffer date _____ Installed by: Tommy Frye

Improvement Permit by: F.C. Moore date 9-17-98 Operation Permit by: F.C. Moore date 9-7-99

Authorization to Construct by: F.C. Moore date 9-17-98 Existing System Inspection by: _____ date _____

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