IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 93313 PIN# 4756 58 1965 DATE 12/18/00

OWNER OR CONTRACTOR John Green PHONE: Business _____ Home 871-1532

ADDRESS 732 Phillips Ln. Statesville NC 28625

LOCATION 21 N, R Jane Sowers, L Baymount Dr., Blue Lt., R Renaissance Pl on Rt

SUBDIVISION Baymount Meadows BLOCK / SECTION _____ LOT #5 LOT AREA 0.89 Ac SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1012 Date 2-13-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 @ 100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

X New System ☐ Repair System Type: I II III IV V VI
System Description: Gravity 25% Reduction
Repair System Description: Gravity Pane 1
Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____

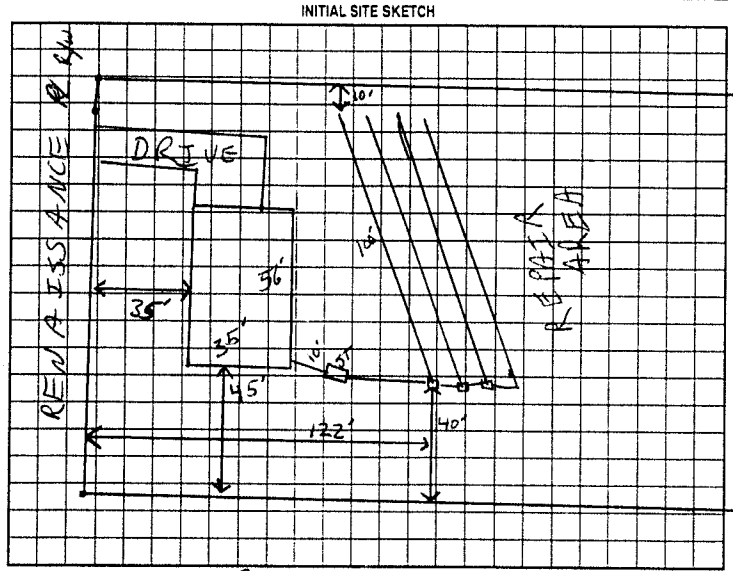
☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

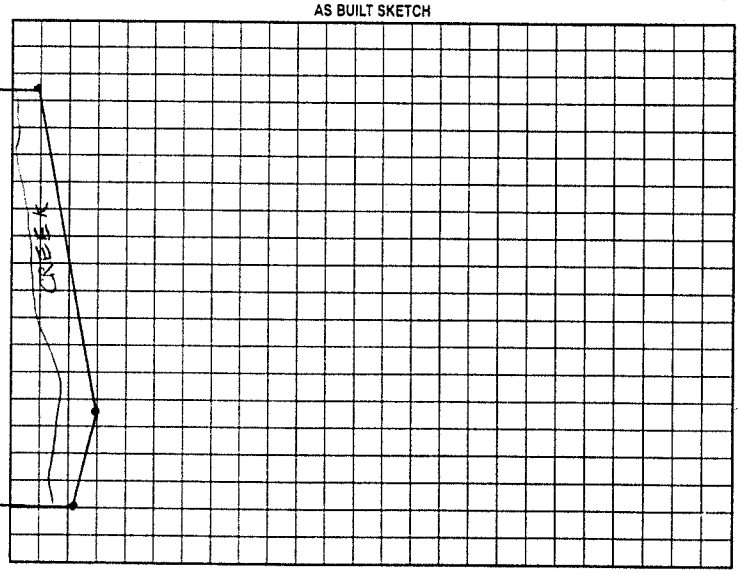
Comments:/Conditions:

Comments:/Conditions: INSTALLED AS SHOWN WITH POLYLOK FILTER & MARKER

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. Improvement Permit with plot 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: _____ date 12/19/00 Installed by: FRYE GRADING

Improvement Permit by: _____ RST date 12/18/00 Operation Permit by: _____ RST date 6-13-01

Authorization to Construct by: _____ RST date 12/19/00 Existing System Inspection by: _____ date _____

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