IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (ci) MOORESVILLE 704-664-5281

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

PERMIT# 123513 PIN# 4756-59-2347 DATE 8-31-04

OWNER OR CONTRACTOR WAYNE HOMES MID ATLANTIC, LLC PHONE: Business 704-872-0271 ext 20 Home 336-482-9262

ADDRESS 130 VICTORY LANE, STATESVILLE, NC 28625

LOCATION US21 N, TR JANE SOWERS RD, TL BAYMOUNT DR, TL W. BAYMOUNT, TR RENAISSANCE PLACE, 8TH LOT ON RIGHT

SUBDIVISION BAYMOUNT MEADOWS BLOCK / SECTION ____ LOT 8 LOT AREA LIMITED SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 7-20-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No. Fields 1 Square Feet EQ. TO 1600 Linear Feet 400
No. Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 50% REDUCTION, LOW PRESSURE
Maintenance Agreement Required: ☐ Yes ☑ No ☐ Other ____

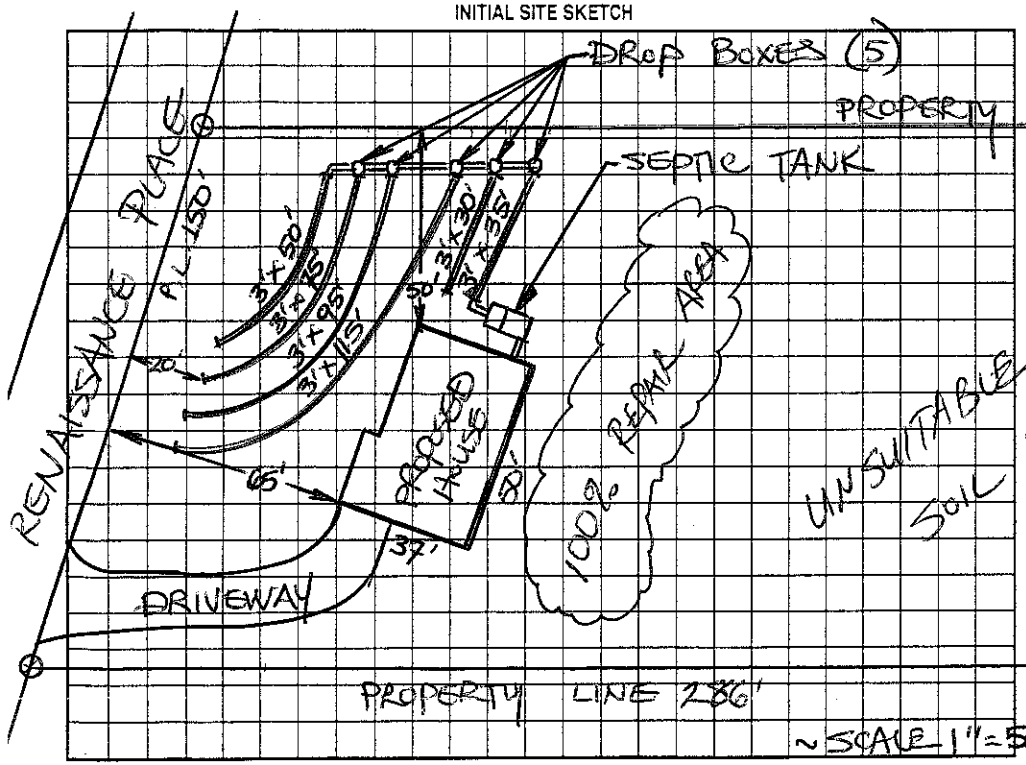
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

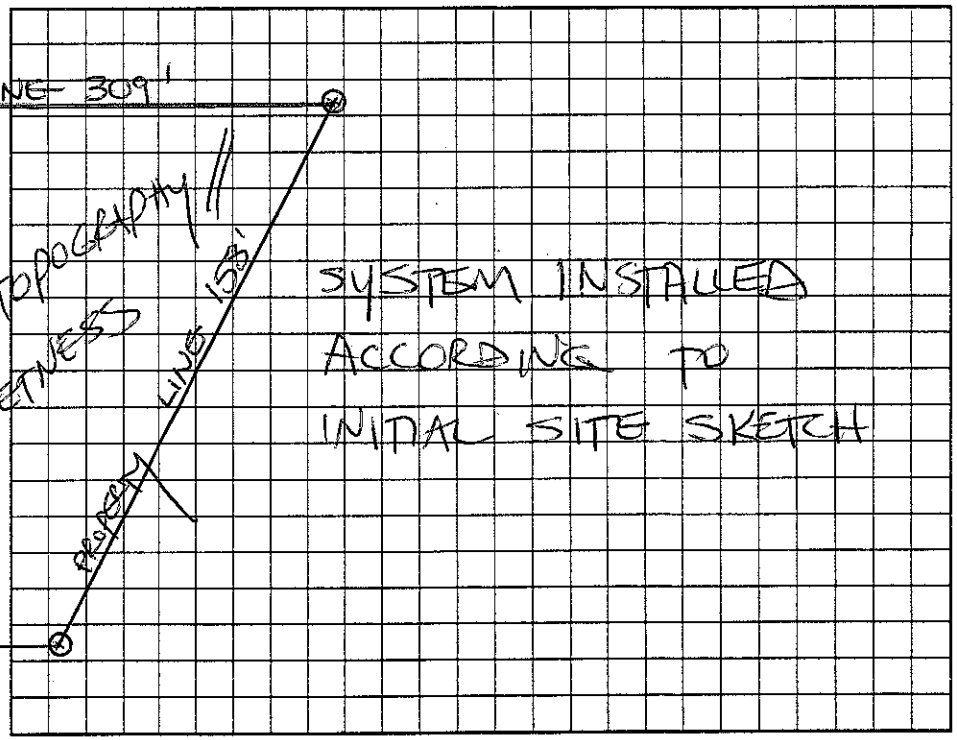
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS FLAGGED ON-SITE

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "THETITE" FILTER

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 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: [signature] date 9-2-04 Installed by: C & S GRADING

Improvement Permit by: STEVE HEDRICK date 8-31-04 Operation Permit by: STEVE HEDRICK date 2-10-05

Authorization to Construct by: STEVE HEDRICK date 8-31-04 Existing System Inspection by: ____ date ____

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