TYPE III (OTHER THAN III D)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ____ PIN# 4756595119

OWNER OR APPLICANT Christine Swaney

ADDRESS 229 Baymont Drive Statesville NC 28625 PHONE: Business ____ DATE 8-7-07 Home 704-876-9860

LOCATION 21N TR Jane Sowers RD Baymont, 9 lot on left

SUBDIVISION Baymont BLOCK / SECTION ____ LOT ____ LOT AREA 1.91 SITE CLASS. RS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: Exist Gallons; STB ____ Date ____

Pump Tank: 1250 Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet 1600 Linear Feet 267

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☑ Pressure

☐ New System ☑ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: ____

Repair System Description: 50% Low Pres

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ____

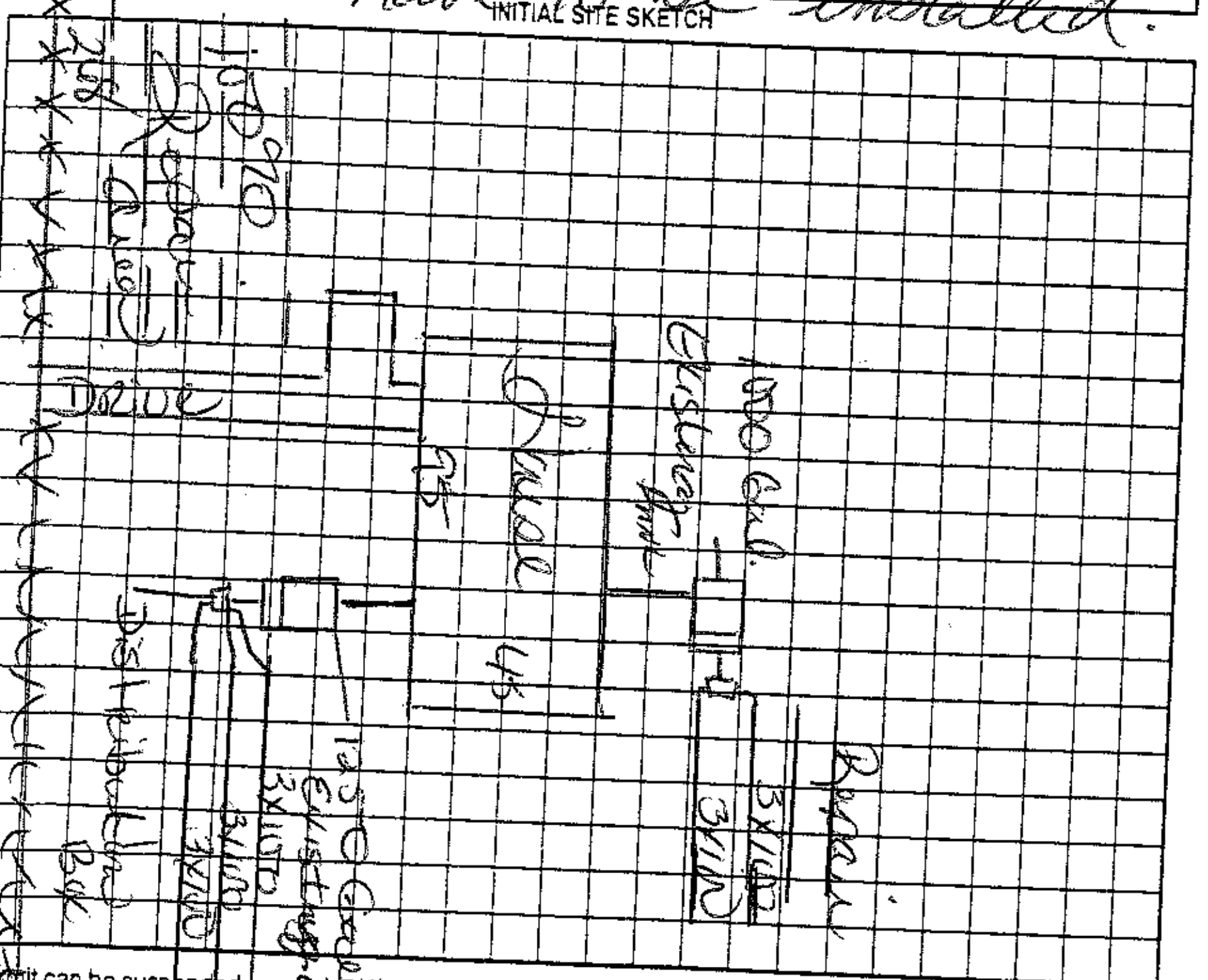
No. Bedrooms 4 No. Persons 2 No. Employees ____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions: Repair 4 New lines @ 67' each of 50% reduction panel block system 34 a pump tank will have to be installed.

INITIAL SITE SKETCH



Comments:/Conditions: Initial system designed in 1988

Repair area evaluated and designated in 2007

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: Sarah Dyson, Agent date 8-7-07

Installed by: James Dudley installed 2-5-88

Improvement Permit by: ____ date ____

Operation Permit by: [signature] date 8-7-07

Authorization to Construct by: ____ date ____

Existing System Inspection by: ____ date ____

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