IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 69800 DATE 10-6-97 TAX MAP NO. 4756 59 9359 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR W+W Sales PHONE: Business 876 0083 Home

ADDRESS PO Box 6762 Statesville, N.C.

LOCATION 64E Turn off Mocksville TL Jane Sowers TR Baymount 1/2 mi Rt

SUBDIVISION Baymount BLOCK / SECTION LOT 12 LOT AREA .84 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1017 Date 4-26-98
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: Pump To Chambers
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other

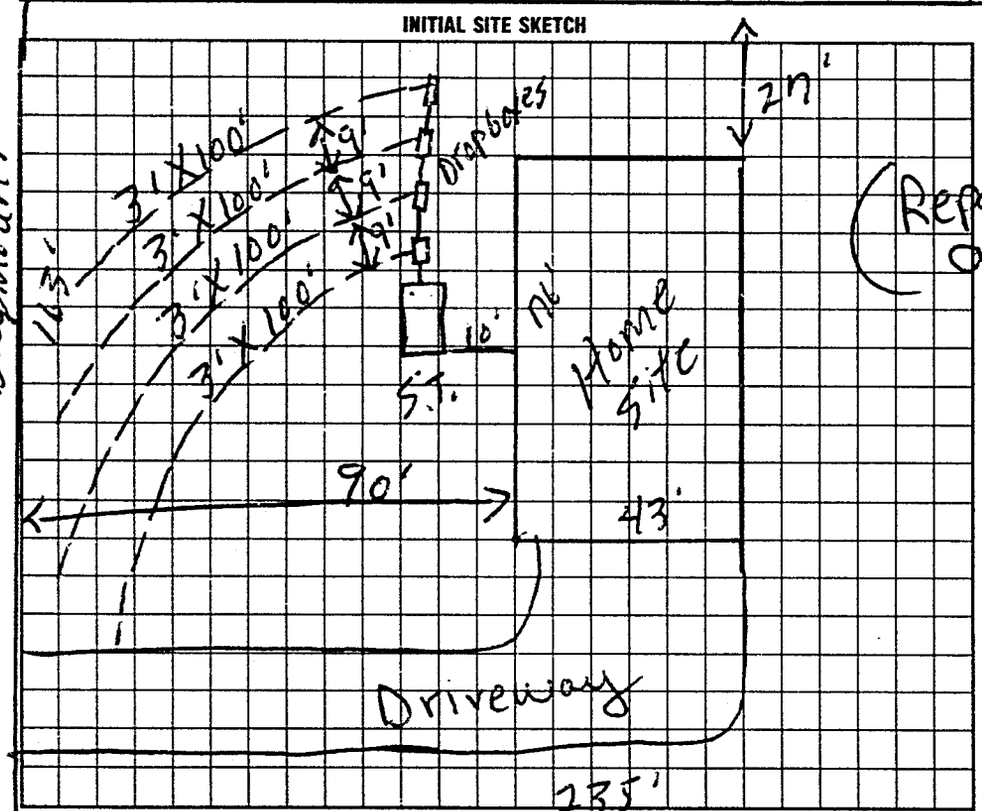
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

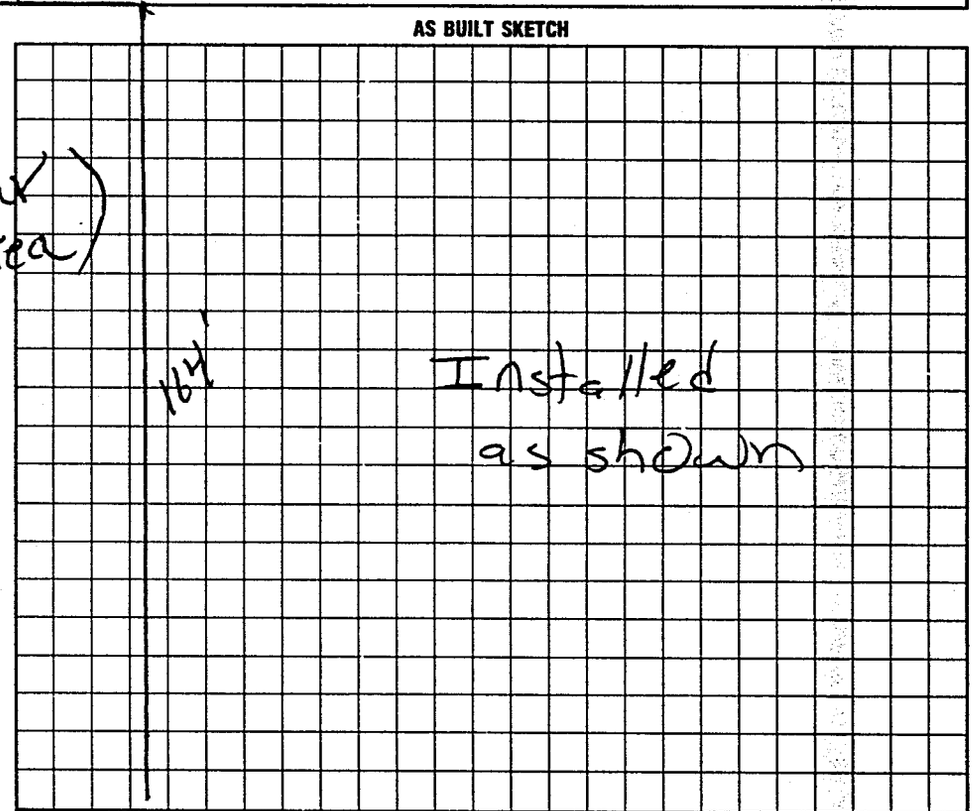
Comments:

Comments:

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 is valid for 60 months from date of issuance.

Signed: [signature]

Improvement Permit by: P. C. Moore date 10-6-97

Existing System Inspection by: P. C. Moore date 10-6-97

Authorization to cont.

Installed by: David Yountz

Certificate of Completion by: date

Operation Permit by: [signature] RS date 6-26-98

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

Authorization to cont. Expires 60 mos from issue

69800