IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 92198 PIN# 4956672336 PT DATE 10/25/00

OWNER OR CONTRACTOR CAYLE HOBBS PHONE: Business _____ Home _____

ADDRESS 120 HIGVIEW CIRCLE STATESVILLE NC 28625

LOCATION 210N - TR JANE SOWERS. TL BAYMOUNT - 4TH ON LT

SUBDIVISION BAYMOUNT BLOCK / SECTION _____ LOT 28 LOT AREA 1.0 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 2-31-01?
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: GRAV/PUMP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees _____
☐ Other _____

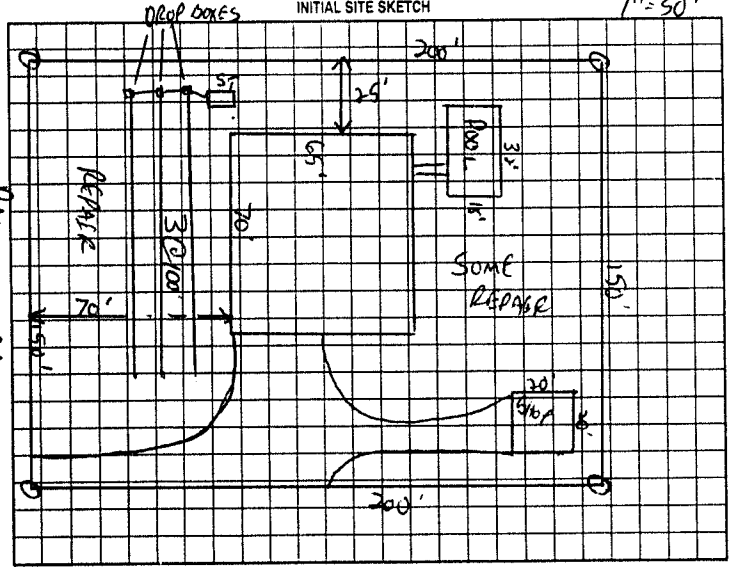
Water Supply: ☐ Individual ☑ Public ☐ Community

Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

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INITIAL SITE SKETCH 1"=50'



BAYMOUNT DR.

AS BUILT SKETCH

SYSTEM INSTALLED AS SHOWN WITH ROCKLOK FILTER & MARKER

EASY LAY USED

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: Andy Davis date 12-13-00 Installed by: ANDY DAVIS

Improvement Permit by: C. [illegible] RS date 10/25/00 Operation Permit by: [illegible] EHSI date 5-2-01

Authorization to Construct by: C. [illegible] RS date 10/25/00 Existing System Inspection by: _____ date _____

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