CF

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100589 PIN# 4756 67 5305 DATE 5-25-01

OWNER OR CONTRACTOR Phillip Perry PHONE: Business Home 704-876-1591

ADDRESS 159 MORNING DOVE LN, STATESVILLE, NC 28625

LOCATION HWY 21N, ® JANE SOWERS, © BAYMOUNT DR, 3rd on RT

SUBDIVISION BAYMOUNT BLOCK / SECTION LOT 120 LOT AREA 1.0 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 8-21-01
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1600' Linear Feet 533'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI
System Description: CONV GRAV
Repair System Description: PUMP / LP PANEL
Maintenance Agreement Required: [ ] Yes [X] No
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

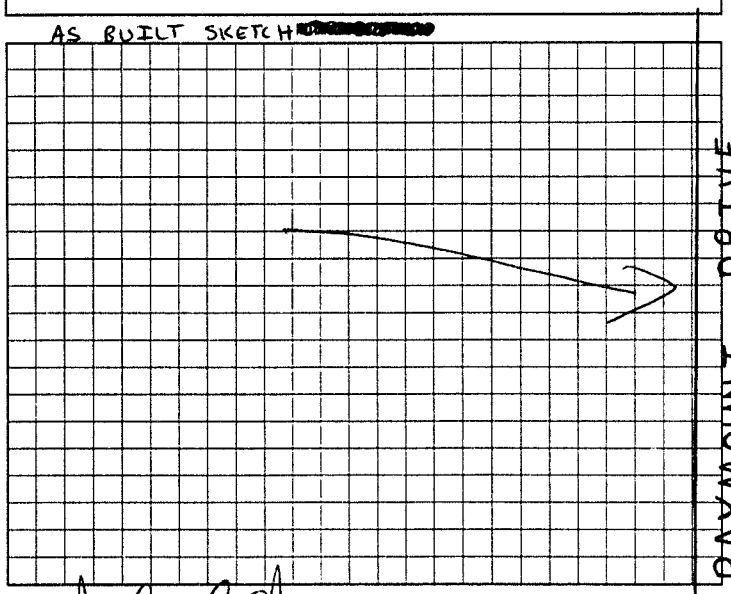
[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other
No. Bedrooms 4 No. Bathrooms 2½ No. Employees

Water Supply: [ ] Individual [X] Public [ ] Community

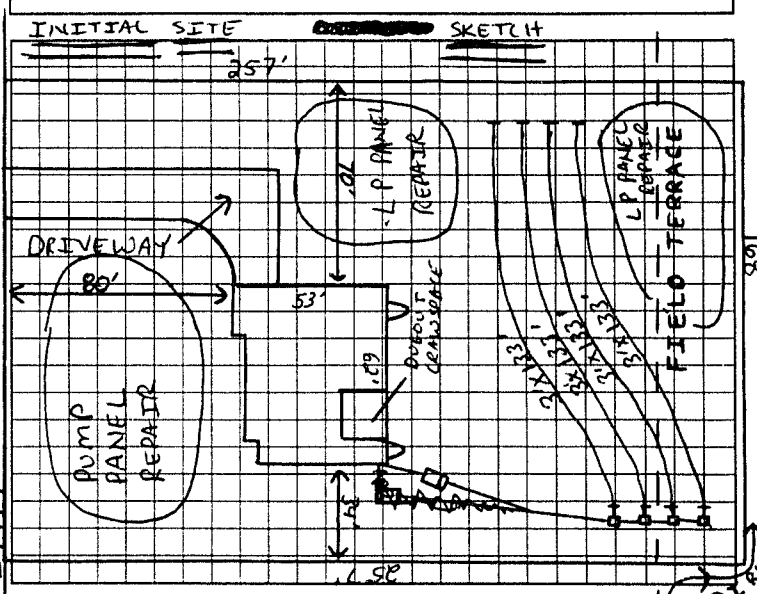
Comments/Conditions: ① GRADE DOWN FIELD TERRACE & REDIRECT DOWN PROPERTY LINE ② INSTALL LINES ON CONTOUR ③ MAINTAIN SETBACKS

Comments/Conditions POLYLOK FILTER & MARKER

AS BUILT SKETCH [redacted]



INITIAL SITE [redacted] 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 5-25-01 Installed by: ERIC GRADING

Improvement Permit by: [signature] RSI date 5-25-01 Operation Permit by: [signature] RS date 01-15-02

Authorization to Construct by: [signature] RSI date 5-25-01 Existing System Inspection by: date

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