IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# RELOCATION PIN# ~~4756-69-6944~~ 4756-67-6944 DATE 8-10-04

OWNER OR CONTRACTOR WILLIAM N. GEOUGE PHONE: Business 704-880-1800 Home 704-876-4080

ADDRESS 115 CRABAPPLE LANE, STATESVILLE, NC 28625

LOCATION US 21 NORTH, TR JANE SOWERS ROAD, TL BAYMOUNT DRIVE, TR CRABAPPLE LANE, 1ST HOUSE ON LEFT

SUBDIVISION BAYMOUNT ESTATES BLOCK/ SECTION ___ LOT 150 LOT AREA 1.424 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 4-18-04
Pump Tank: ___ Gallons; PT ___ Date ___
Pump Make: ___ Model ___ Serial No. ___
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: 25% REDUCTION GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

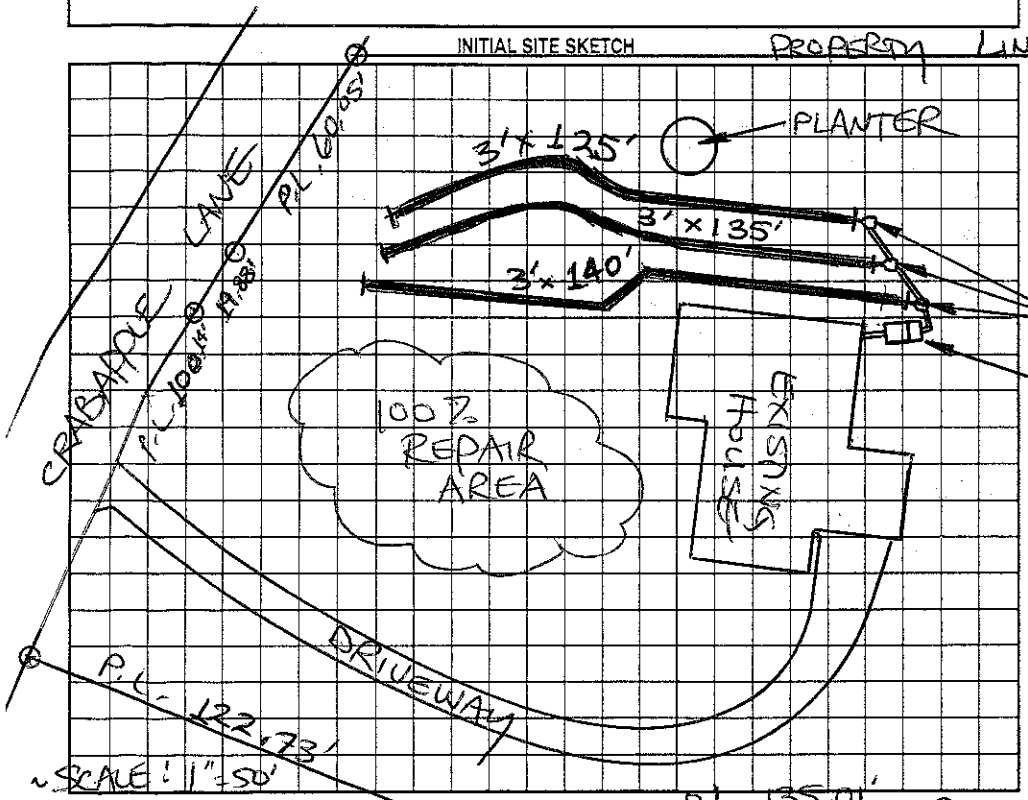
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ___
☐ Business No. Employees ___
☐ Other ___
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

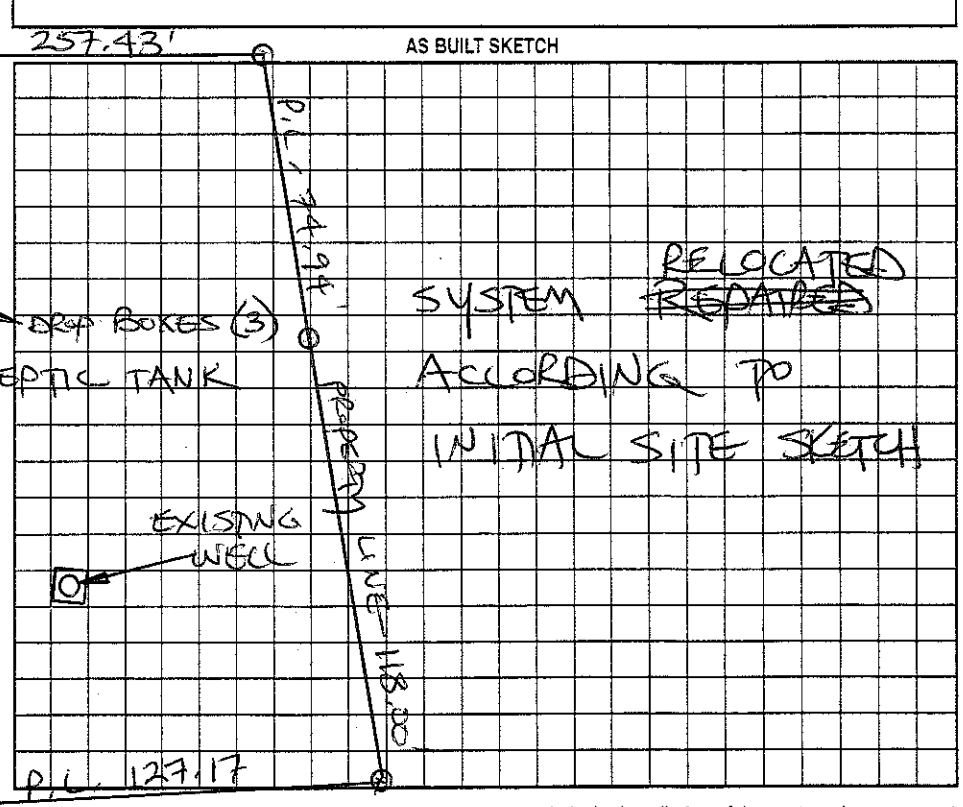
Comments:/Conditions: RELOCATE SEPTIC SYSTEM AS FLAGGED ON SITE AND SHOWN BELOW

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLY LOK" FILTER (RED)

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: William N Geouge date 8-10-04 Installed by: RENT GALLIHER

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

Authorization to Construct by: STEVE HEDRICK date 8-10-04 Existing System Inspection by: ___ date ___

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