IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090962 PIN# 4756673549 DATE 8/4/00

OWNER OR CONTRACTOR James Allison PHONE: Business _____ Home (704) 528-5596

ADDRESS P.O. Box 259 Troutman NC 28166

LOCATION Old Mocks, L Into Sowers, R Stonehouse, 3rd on Lt.

SUBDIVISION Baymount Manor BLOCK / SECTION — LOT 119 LOT AREA .87 ac SITE CLASS PS DESIGN FLOW 600 L.T.A.R. 0.3

Septic Tank: 1500 Gallons; STB 1011 Date 10-30-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 2000 Linear Feet 500
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Red.
Repair System Description: Pump 25% Red
Maintenance Agreement Required: [ ] Yes [X] No
[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [X] Basement wo/plumbing

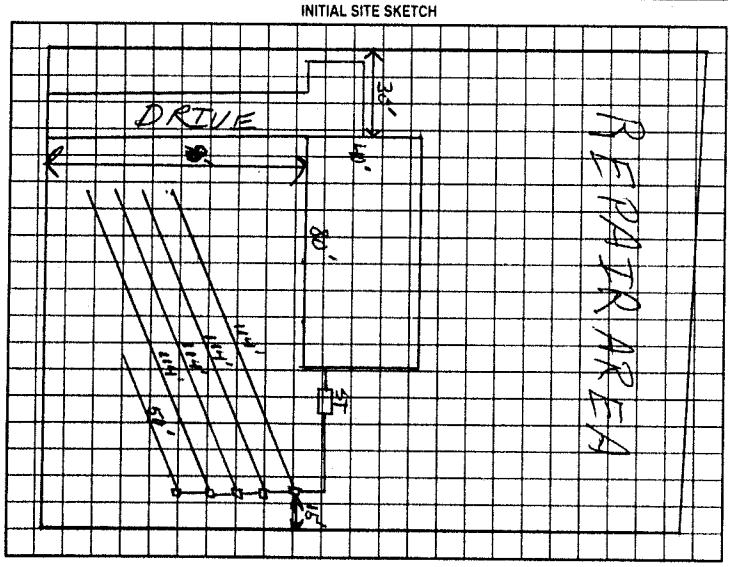
[X] House/Mod. Home No. Bedrooms 5
[ ] Mobile Home No. Bathrooms 4
[ ] Business No. Employees ____
[ ] Other _____

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

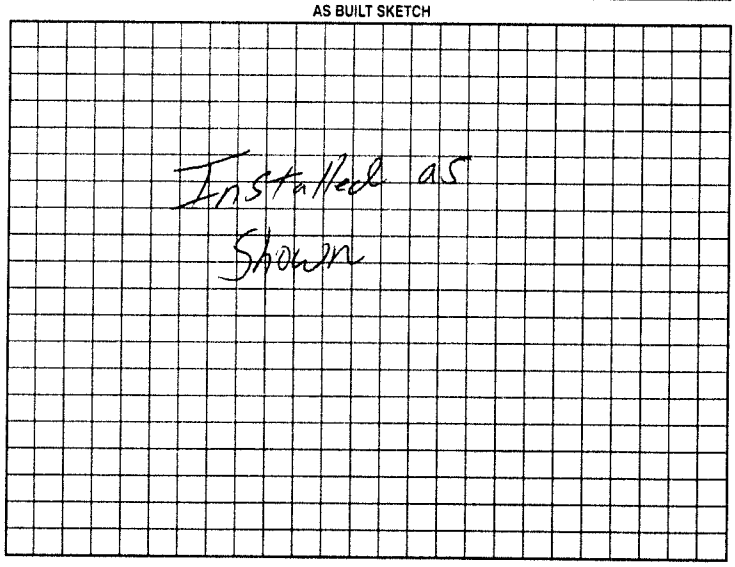
Comments/Conditions:

Comments/Conditions -84 Infiltrator Chambers Installed
-Poly lock Filter Installed, Tank Risers Installed

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: James L Allison date _____ Installed by: David Yountz

Improvement Permit by: _____ RSI date 8/4/00 Operation Permit by: _____ RSI date 1/31/01

Authorization to Construct by: _____ RSI date 8/4/00 Existing System Inspection by: _____ date _____

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