IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 74714 PIN# 4756680897 DATE 7-23-99

OWNER OR CONTRACTOR Phillip Perry PHONE: Business _____ Home 876 1591

ADDRESS 159 Tmorning Dove Ln

LOCATION 21N TR Jane Sawers TL Baymount To morning Dove at end left

SUBDIVISION Baymount meadows BLOCK / SECTION _____ LOT 146 LOT AREA 1.84 acres SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 133

Septic Tank: 1000 Gallons; STB 1012 Date 5-23-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 5 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: Gravity/2520 Rock
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees _____
☐ Other _____

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

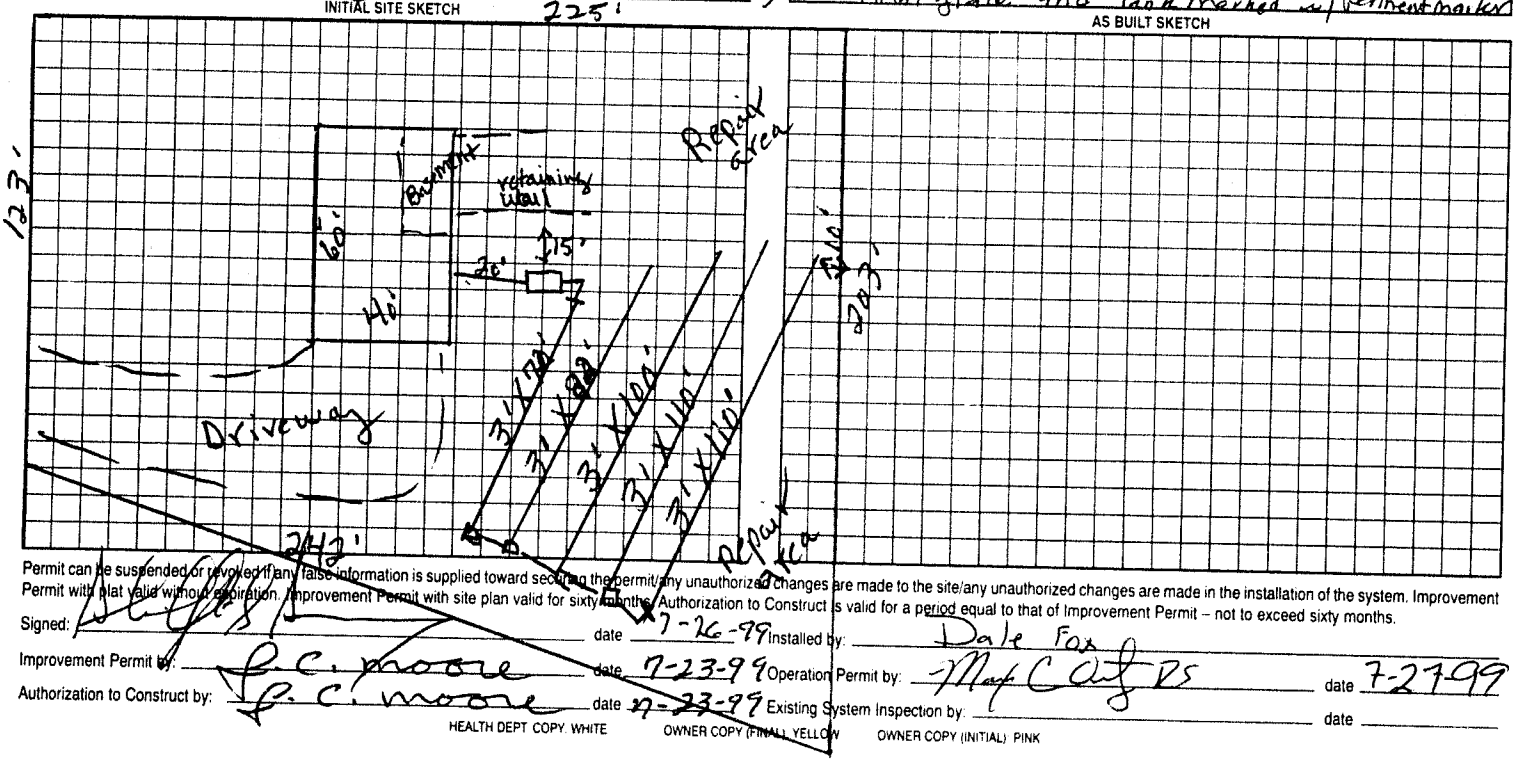
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:
7-10-98 Replaces Permit issued (Basement was added)

INITIAL SITE SKETCH

Comments/Conditions:
* extra stone added to bottom line
Risers on Tank need to be w/in 6 inch of final grade and Tank marked w/ permanent marker

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: _____ date 7-26-99 Installed by: Dale Fox

Improvement Permit by: P. C. Moore date 7-23-99 Operation Permit by: Mark C Ary PS date 7-27-99

Authorization to Construct by: P. C. Moore date 7-23-99 Existing System Inspection by: _____ date _____

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