THIS PERMIT VOIDS PREVIOUS ISSUED 1-8-98

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 071076 PIN# 4756 68 4362 DATE 1-10-98

OWNER OR CONTRACTOR MARSHALL GREENE PHONE: Business 872-7060 Home ~~846-1553~~ 871-1568

ADDRESS 314 BAYMOUNT DRIVE, STATESVILLE, NC 28625

LOCATION US 21 N, TR JANE SOWERS, TL BAYMOUNT, CONTINUE MORNING DOVE 3RD LOT ON RIGHT

SUBDIVISION Baymount Meadows BLOCK / SECTION ~~Section~~ LOT 127 LOT AREA 0.998 ACRE SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 1-9-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ. TO 1600 Linear Feet 400+
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" ~~Gravel~~ Depth SAND 6"

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

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 3½ No. Employees ____

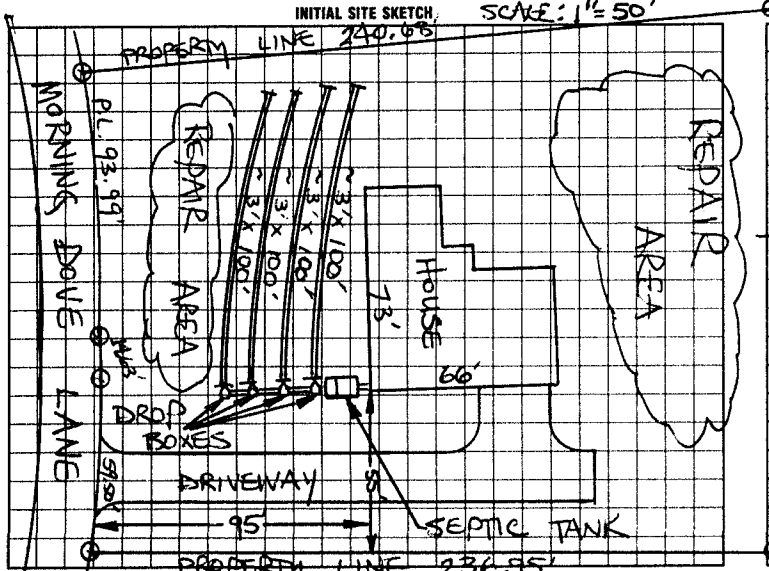
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

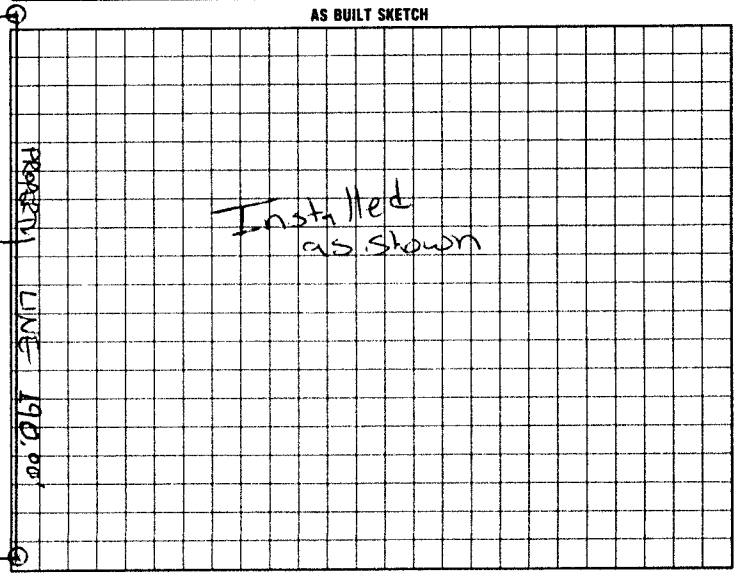
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM IN FOUR LINES AS SHOWN ON CONTOUR USING DROP BOXES FOR SERIAL DISTRIBUTION

Comments:/Conditions: Tank set at corner

INITIAL SITE SKETCH SCALE: 1" = 50'



AS BUILT SKETCH



I understand that this 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: Marshall S Greene date 1-10-98 Installed by: Steve Hedrick

Improvement Permit by: STEVE HEDRICK date 1-10-98 Operation Permit by: [illegible] RS date 3-19-99

Authorization to Construct by: STEVE HEDRICK date 1-10-98 Existing System Inspection by: ____ date ____

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