IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# 4756-68-9484 DATE 05-20-02

OWNER OR CONTRACTOR RANDY STUTTS PHONE: Business _____ Home 704-876-4082

Site ADDRESS 438 BAYMOUNT DR STATESVILLE NC 28625

LOCATION 21N, ® JANE SOWERS, © COUNTRY DR, © BAYMOUNT DR, © AFTER POND, HOUSE OVERLOOKS POND

SUBDIVISION BAYMOUNT BLOCK / SECTION _____ LOTS MULTIPLE LOT AREA 14.9 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: EXISTING Gallons: STB 1012 Date 3-10-95
Pump Tank: 1000 Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 12" Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONV GRAY
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____

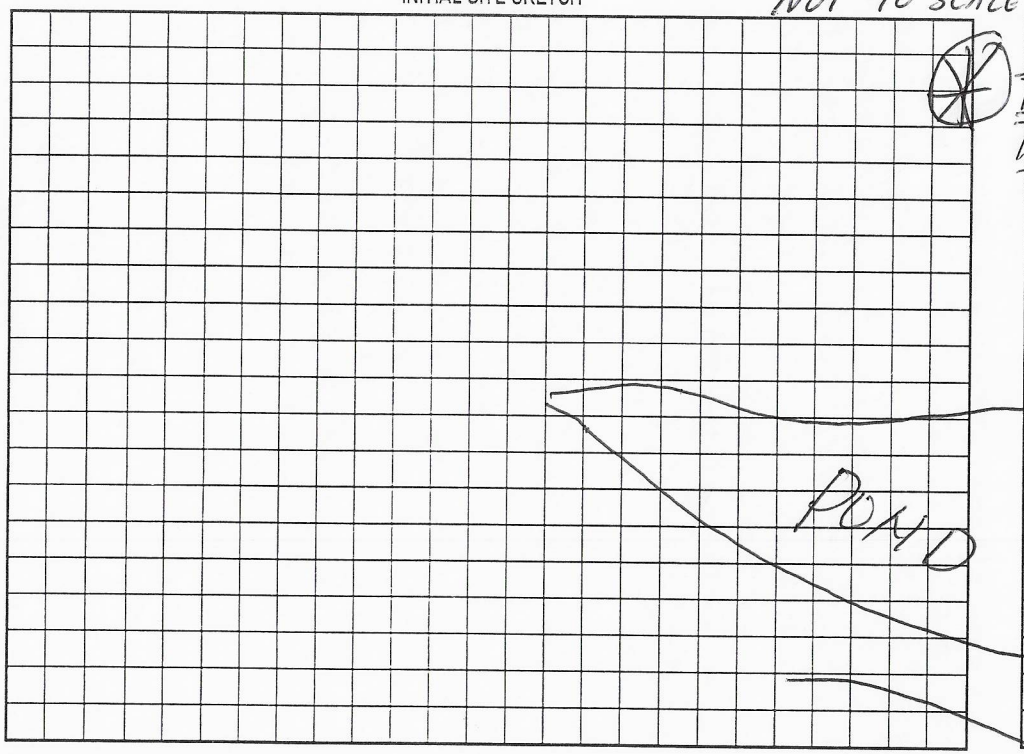
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

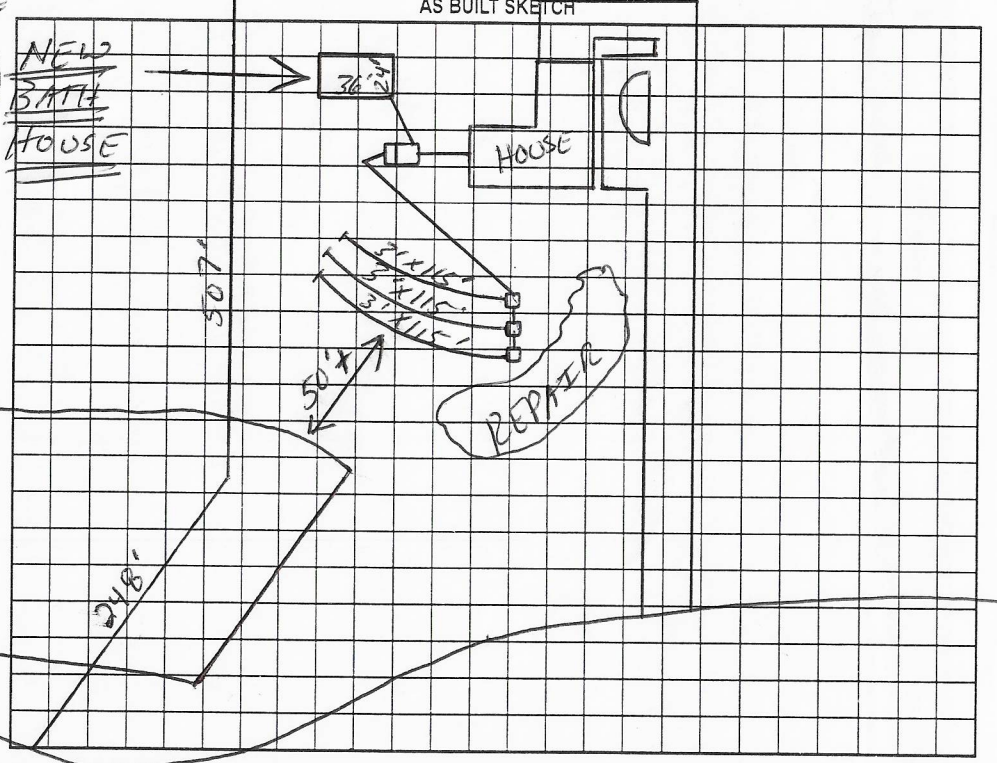
Comments:/Conditions: ① MAINTAIN ENOUGH FALL FROM NEW SLAB TO THE EXISTING TANK (1/8" FALL PER 1 Ft) — ② SUPPLY LINE MINIMUM ③ MAINTAIN SETBACKS ④ FLOW IS NOT CHANGING

Comments:/Conditions:

INITIAL SITE SKETCH "NOT TO SCALE"



AS BUILT SKETCH



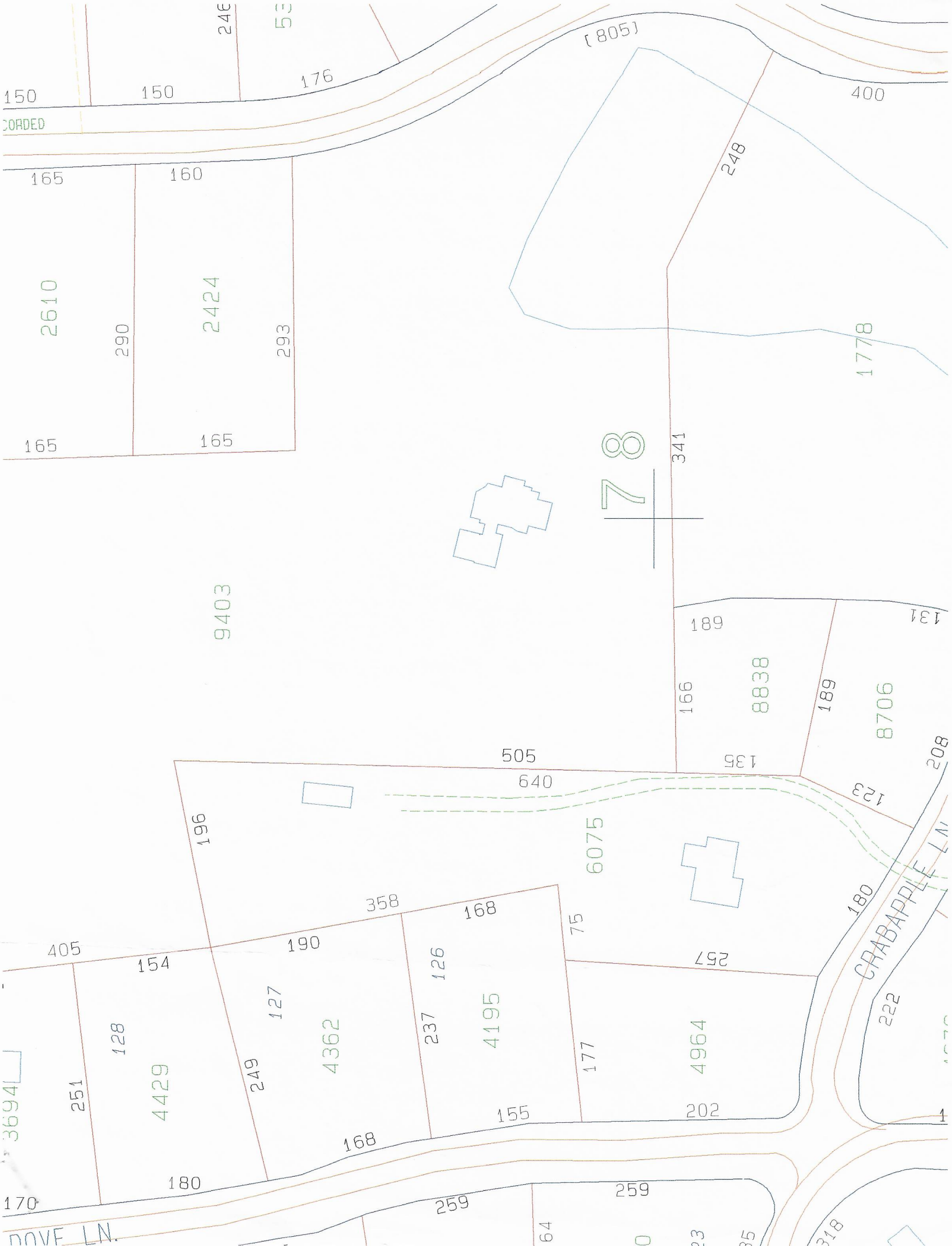
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan 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 _____ Installed by: STEVE JORDAN

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Tim Cook PS date 05-20-02

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


(805)
150
150
176
400
CORDED
165
160
248
2610
290
2424
293
1778
165
165
78
341
9403
189
131
166
8838
189
8706
505
640
135
123
208
196
6075
180
CRABAPPLE LN
358
168
75
405
154
190
257
126
127
222
128
4362
237
4195
177
4964
4429
251
249
155
202
168
180
170
259
259
DOVE LN.

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
(X) Randy Stutts	876-4082	438 Baymount DR.	Statesville	NC	28625
Current Property Owner	Mailing Address	City	State	Zip Code	

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
(X) Baymount	438 Baymount DRIVE		

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Iredell Water		

Specific Directions to Property

ADDING ~~BEDS~~ BATH HOUSE & FLOW IS NOT CHANGING.

TYPE OF FACILITY: (use check (X) or number as appropriate) → BATH HOUSE

House _____ Mobile Home _____ Commercial _____ No. Bedrooms _____ No. Baths _____

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space _____ Concrete Slab X Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

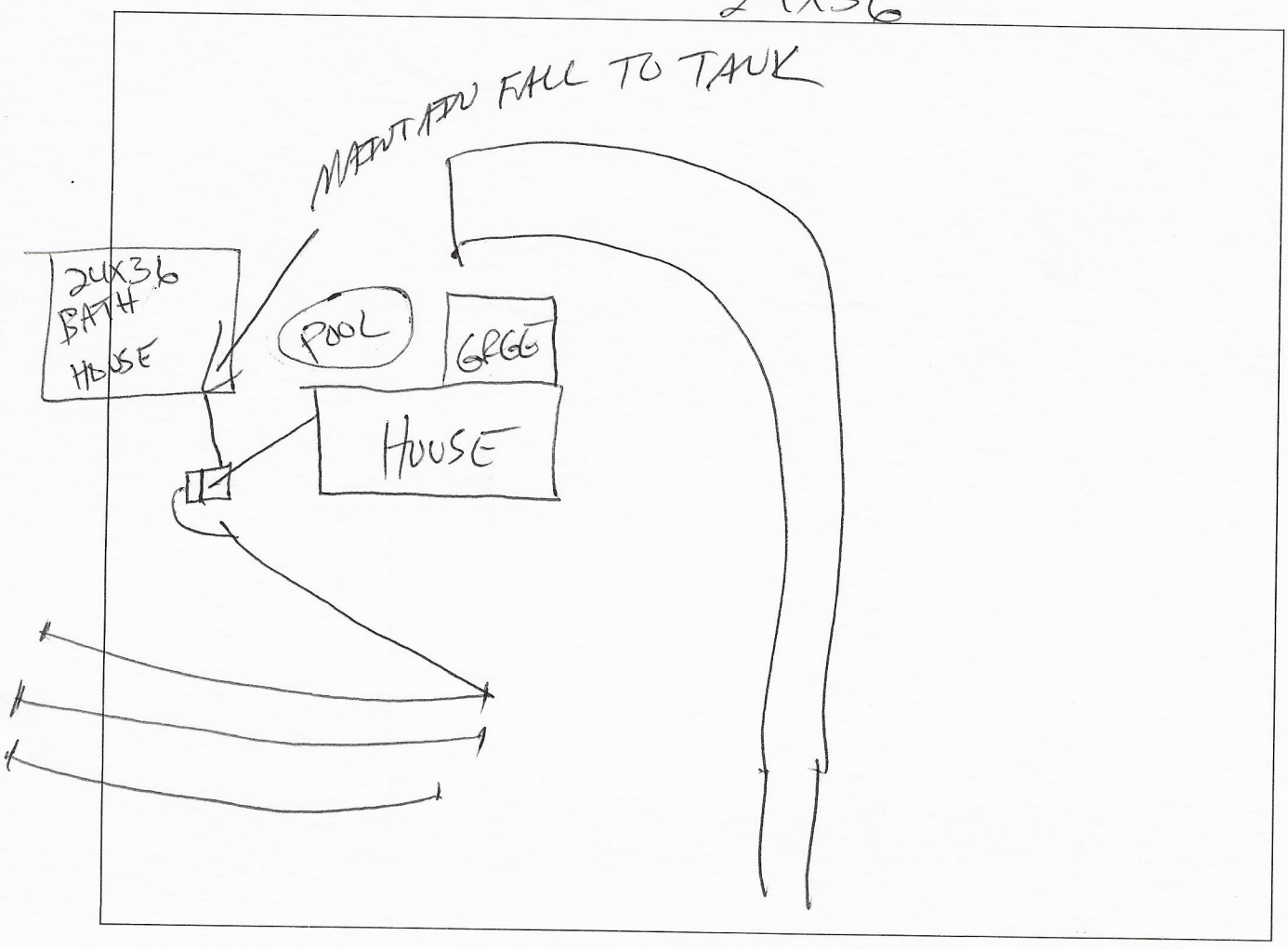
(X) 5/17/02 DATE Randy Stutts SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

5/17/02 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

DELL COUNTY HEALTH DEPARTMENT

Bids permit

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

PROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

OPERTY DESCRIPTION NO. 17073 DATE 12-8-93 TAX MAP NO. 1067-A 93 Watershed: ☐ Yes ☑ No

WNER OR CONTRACTOR Randy Stutts PHONE: Business Home

ADDRESS 1154 H+W Creek Tumbling Statesville

LOCATION Jane Sowers Rd To Baymount Dr. To Racquet Ln.

SUBDIVISION Baymount BLOCK / SECTION Steve Hise addition LOT 13,57 LOT AREA 13.11 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1012 Date 3-10-75

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 3 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: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

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

Water Supply: ☐ Individual ☐ Community ☑ Public

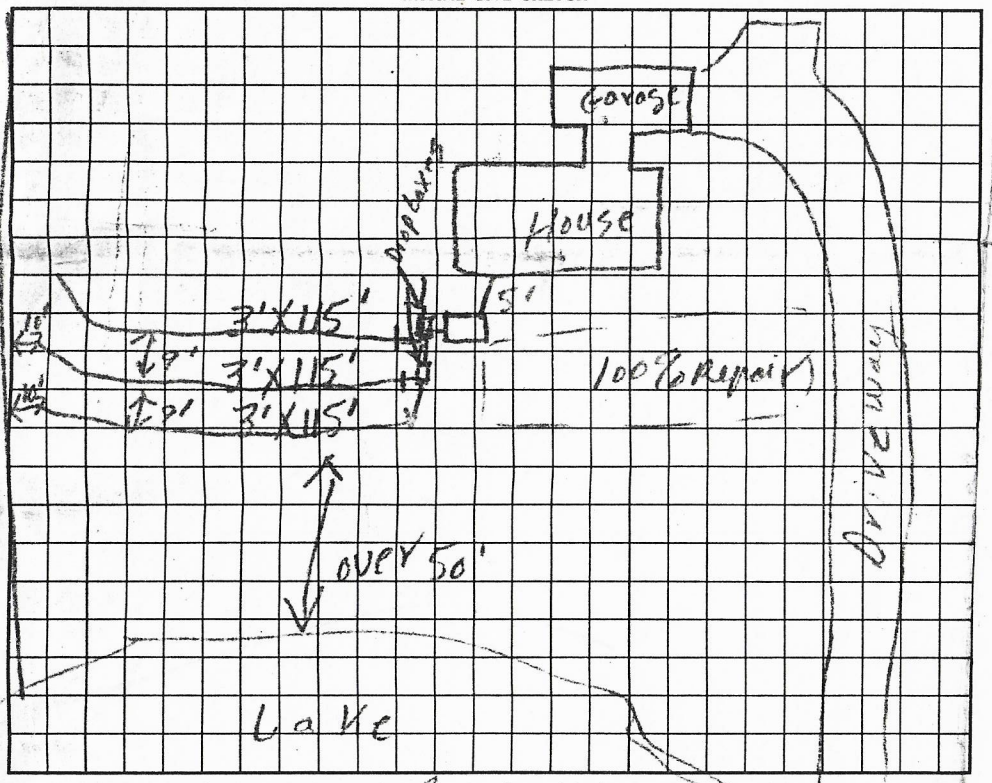
Comments: 438 Baymount DRive Statesville N.C. 28677

note for carrier: my old address is , my new address is. Post office

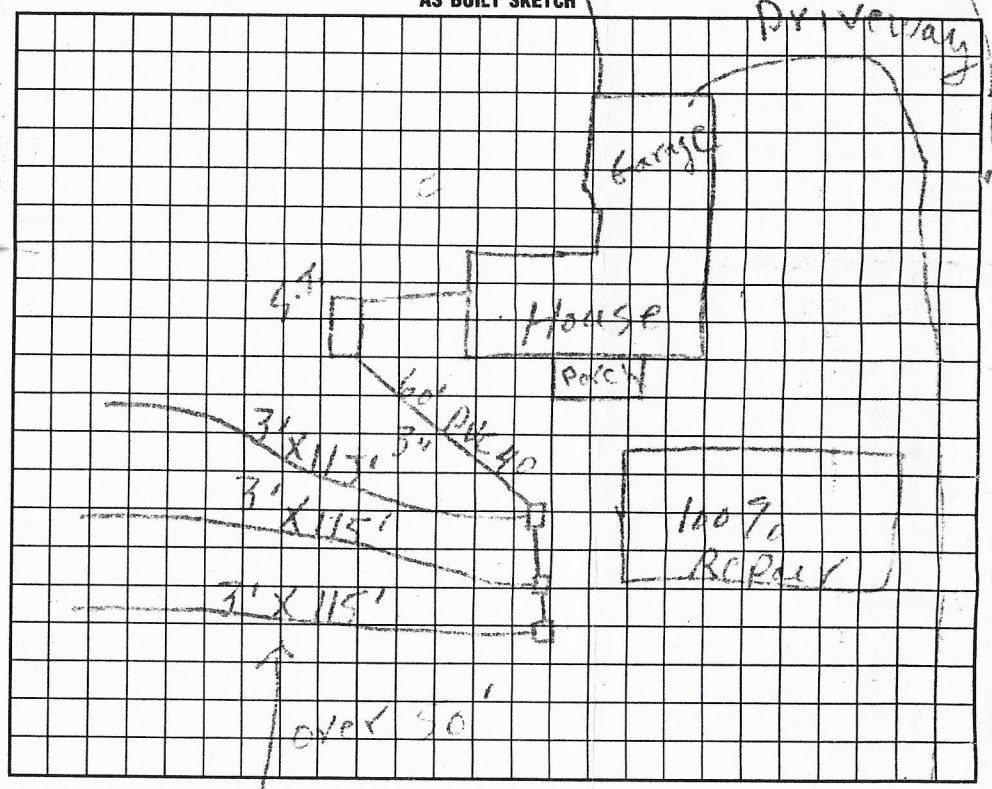
Comments: Bldg Permit # 50208 2-4-94

address # 878-3144 & 878-3033 Last 3-95

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing thepermit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: Contractor Installed by: Steve Jordan

Improvement Permit by: J.C. Moore date 12-8-93 Certificate of Completion by: DANC (J.C. Moore) date 6-17-94

Existing System Inspection by: date Operation Permit by: date

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