IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14308 PIN# 4756694228 704-880-2128 DATE 6/4/07

OWNER OR APPLICANT ~~Lucas Cyrus~~ George Mysiak PHONE: Business ~~704-872-3134~~ Home 704-872-3134

ADDRESS Box 1123 Statesville NC 28687

LOCATION 21N to Dale Sharon to R Beaumont R Driveway Dale at ~~Cul-de-sac~~ Cul-de-sac

SUBDIVISION Bayont Meadows BLOCK / SECTION ____ LOT 49 LOT AREA 1.023 SITE CLASS. ____ DESIGN FLOW ____ L.T.A.R. ____

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet 1440 Linear Feet 360

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth ____

☐ Gravity ☐ Pressure

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 2520 Conven

Repair System Description: 5040 Deep

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ____

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions:

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* Install as Contour
* Maintain all setbacks
* end cap trench
* Backfill ~~with~~ for positive drainage - Cpe health department before grading

INITIAL SITE SKETCH

AS-BUILT SKETCH

Installed AS

Drawn

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 ____

Improvement Permit by: ____ date 6-14-07

Authorization to Construct by: ____ date 6-14-07

Installed by: Signed

Operation Permit by: ____ R.S. date 20 Dec 07

Existing System Inspection by: ____ date ____

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