IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~20372~~ 130329 PIN# 4756697864 8788 DATE 8-23-05

OWNER OR CONTRACTOR Allan Remann PHONE: Business 828-443-1464 Home 704-873-1510

ADDRESS 203 Trillium Drive

LOCATION 21N - Jane Sowers Rd (R) 1st Baymont Stay on Baymont Dr (R) Racquet LN - Behind Club

SUBDIVISION Baymont BLOCK / SECTION ____ LOT ____ LOT AREA 3 Acres SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 1007 Date 5-2-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields ____ Square Feet 1200 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: 250 - Gravity
Repair System Description: 250 Gravity
Maintenance Agreement Required: ☐ Yes ☑ No

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

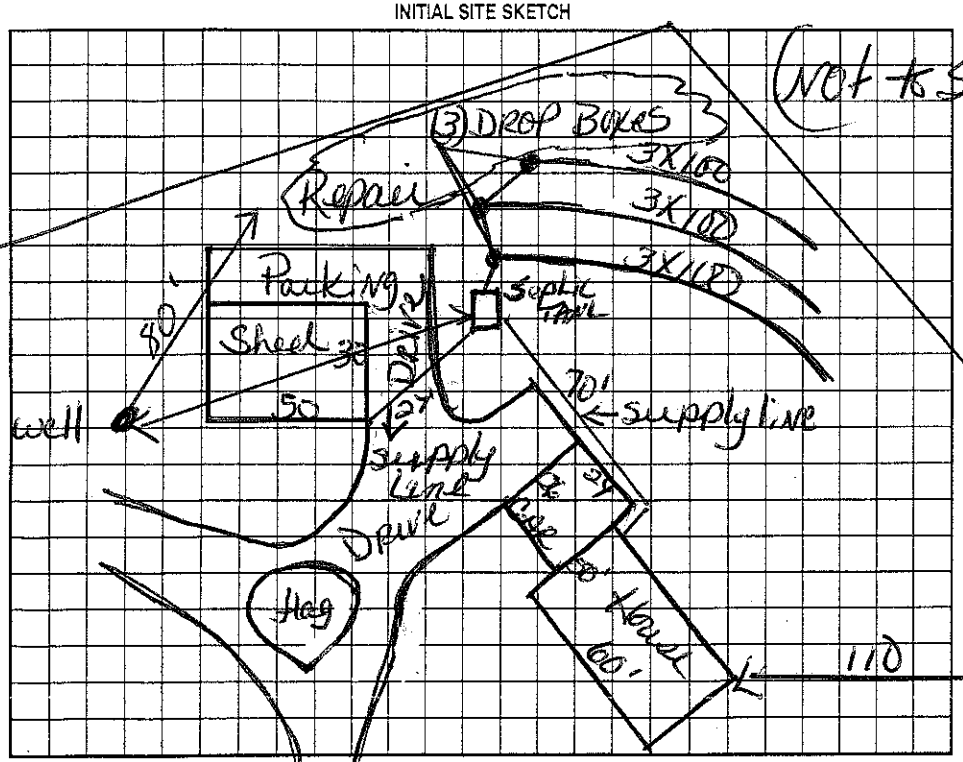
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Public
☐ Community

Comments:/Conditions: Sleeve 27' supply line from shed to tank under drive

Comments:/Conditions: Install on contour - maintain set backs from well and property lines

INITIAL SITE SKETCH



AS BUILT SKETCH

Bow to Outlet
Septic tank marker

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: Allan Remann date 8/25/05 Installed by: Tommy Cothren

Improvement Permit by: Kelly Cook date 8-23-05 Operation Permit by: Kelly Cook date 7-13-06

Authorization to Construct by: Kelly Cook date 8-23-05 Existing System Inspection by: ____ date ____

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