IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 201776 BF

APPLICANT: Claude Wagner

PIN # 4756770344

SITE ADDRESS: 120 Stonehouse Dr.

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SITE DIRECTIONS: Hwy 21 N TR Jane Sowers Rd. TL Stonehouse Dr.

PHONE: 704-929-9361 ALT. PHONE: N/A

SUBDIVISION: Baymount Meadows

SECTION: N/A LOT # 112 LOT AREA: 1.04 acres DESIGN FLOW: 480 gpd L.T.A.R.: Existing

Septic Tank	1000 (gal)	STB	794	Date	11/20/13	☐ New System	☑ Repair	☐ Expansion	System Type: I ☑ II III IV V VI
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:			
Pump Make	N/A	Model	Pump/alc	Serial #	PL-68	Repair System Description:	TANK		
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	Ex	Max. Trench Bottom Depth	Ex	Gravel Depth	Ex		☑ GRAVITY	☐ PRESSURE	

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

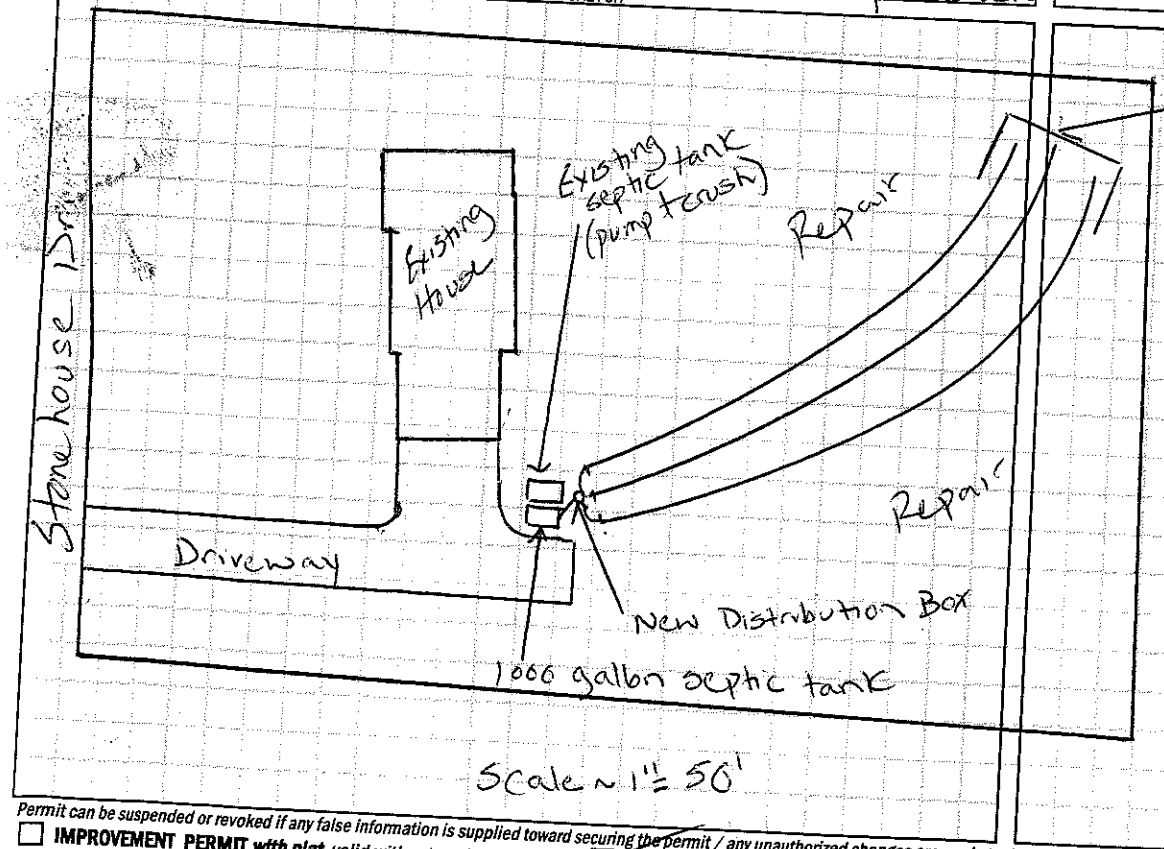
No. Bedrooms 4 No. Persons 8 No. Employees ___ ☑ Crawl Space

Water Supply: ☐ Private ☑ Public ☐ Community

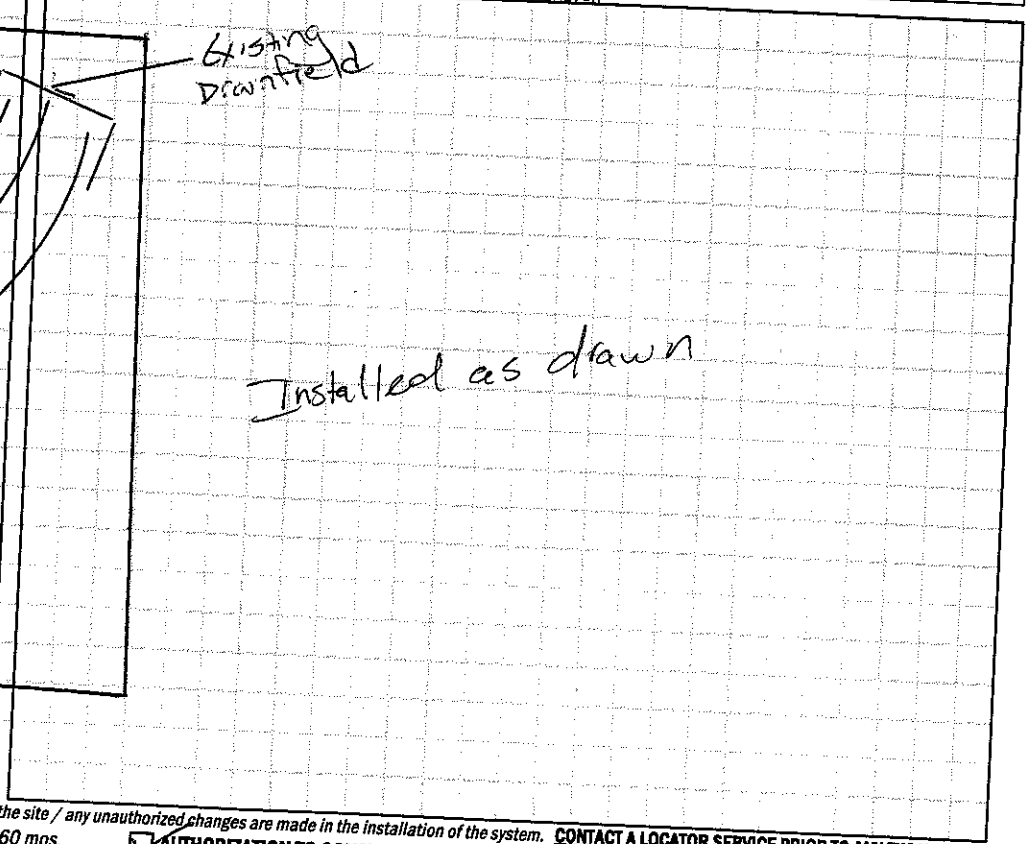
☐ Basement w/o plumbing

Comments / Conditions: Install a new septic tank at location shown below. Install a new distribution box at location show below & feed existing drain-lines with parallel distribution. Pump & crush existing septic tank

INITIAL SITE SKETCH



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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT *with plat*** *valid without expiration.* ☑ **IMPROVEMENT PERMIT *with site plan*** *valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: ___ Installed by: Marty Tucker

IMPROVEMENT PERMIT by: Justin Henderson Date: 2-26-14 OPERATION PERMIT by: [signature] Date: 03/13/14

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 2-26-14 Existing System Inspected by: ___ Date: ___

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK