IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4756-78-1994 DATE 8-19-04

OWNER OR CONTRACTOR MARY NUNNERY PHONE: Business 704-881-8039 Home 704-876-6422

ADDRESS 410 BAYMOUNT DRIVE, STATESVILLE, NC 28625

LOCATION US 21 NORTH, TR JANE SOWERS ROAD, TL COUNTRY DR, TL BAYMOUNT DR, 5TH HOUSE ON LEFT

SUBDIVISION BAYMOUNT BLOCK / SECTION ____ LOT ____ LOT AREA 165 x 290 SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. EXISTING

Septic Tank: 1500 Gallons; STB 1011 Date 7-1-02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet ____ Linear Feet EXISTING
No Lines 4 Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

☐ New System ☑ Repair System Type: I (II) III, IV, V, VI
System Description: ____
Repair System Description: CONVENTIONAL GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

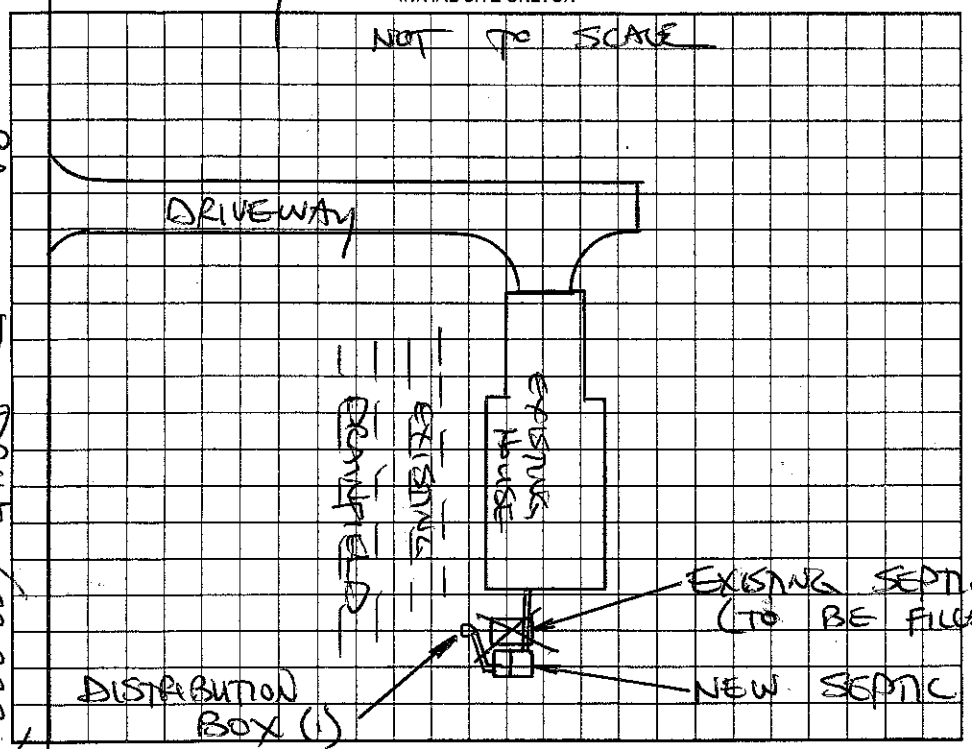
☑ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 2 1/2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: REPLACE EXISTING SEPTIC TANK AT LOCATION SHOWN, INSTALL NEW DISTRIBUTION BOX IF NECESSARY

Comments:/Conditions: SEPTIC TANK WITH RISER & MARKER INSTALLED USING "TUFTITE" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITAL SITE 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: X Mary N Nunnery date 8-19-04 Installed by: PIEDMONT BACKHOE

Improvement Permit by: STEVE HEDRICK date 8-19-04 Operation Permit by: STEVE HEDRICK date 8-20-04

Authorization to Construct by: STEVE HEDRICK date 8-19-04 Existing System Inspection by: ____ date ____

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