IREDELL COUNTY HEALTH DEPARTMENT

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

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

175.00 Paid

PERMIT# 88184 PIN# 475 78 26 10 DATE 1/9/01

OWNER OR CONTRACTOR Phillip Perry PHONE: Business 876-1591 Home

ADDRESS 159 Morning Dove Ln Statesville NC 28625

LOCATION 21 N, R Jane Bowers, L Country P.C. L Bayemount on Lt 426 Baymount Dr.

SUBDIVISION Baymount BLOCK / SECTION LOT LOT AREA 1.1 AC SITE CLASS PS DESIGN FLOW 460 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1612 Date 5-22-00
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

[X] New System [ ] Repair System Type: I. II (III) IV. V. VI
System Description: Gravity 25% Reduce
Repair System Description: Pump Conventional
Maintenance Agreement Required: [ ] Yes [X] No
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

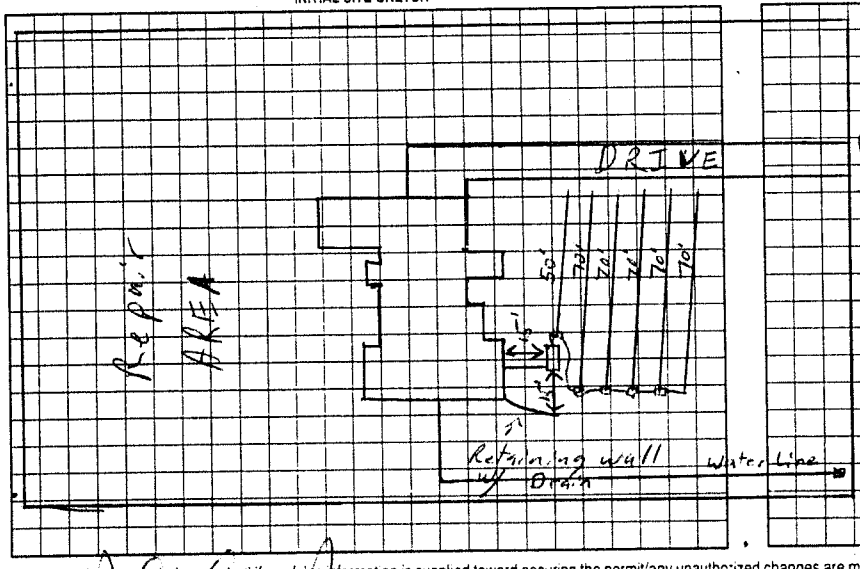
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 3½
[ ] Business No. Employees
[ ] Other

Water Supply: [ ] Individual [X] Public [ ] Community

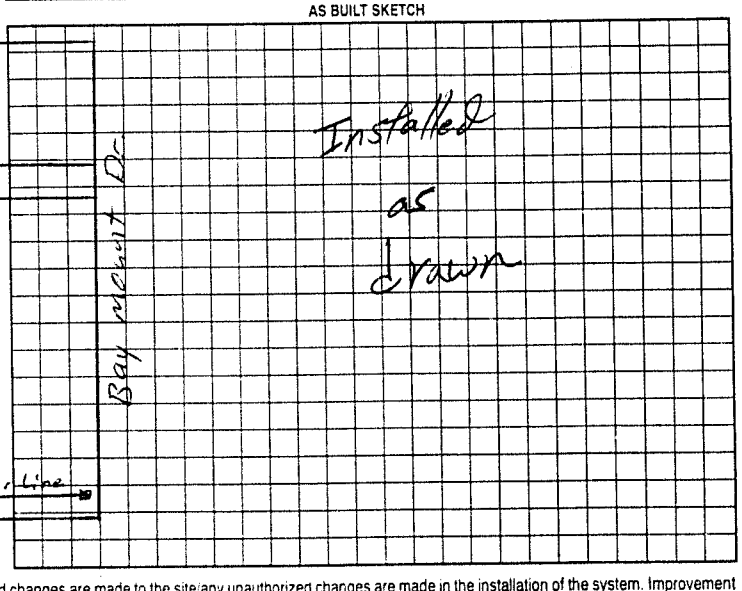
Comments/Conditions:

Comments/Conditions: - Tank riser Installed
- Poly Lok Filter Installed
- Infiltrator Chamber Installed (63)
- Sink water

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. 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 1-5-01 Installed by: Tommy Frye

Improvement Permit by: RSE date 1/4/01 Operation Permit by: William Johnson RSE date 1/16/01

Authorization to Construct by: RSE date 1/4/01 Existing System Inspection by: date

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