IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220651

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

PIN # 4756-79-5414.000

APPLICANT: Susan Jarman APPLICANT ADDRESS: 5820 Brushy Meadows Dr. Fuquay Varina NC

SITE ADDRESS: 389 Baymount Dr. Statesville NC PHONE: 919-557-0617 ALT. PHONE: 919-349-5933

SITE DIRECTIONS: Mocksville Rd. R Jane Sowers Rd, R Baymount Meadows, R Baymount Dr. Site on R

SUBDIVISION: Baymount Meadows SECTION: — LOT # 34 LOT AREA: DESIGN FLOW: Existing L.T.A.R.: Existing

Septic Tank 1500 (gal) STB 190 Date

Pump Tank N/A (gal) PT N/A Date 6-15-16

Pump Make N/A Model N/A Serial # N/A

Nitrification Fields 1 # Lines 2 (existing) Linear Ft: Existing

Trench Width Existing Max. Trench Bottom Depth Existing Gravel Depth Existing

☐ New System ☒ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: Conventional - Gravity

Repair System Description: Conventional - Gravity

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms Ex.

☐ Business No. Persons Ex.

☐ Other No. Employees

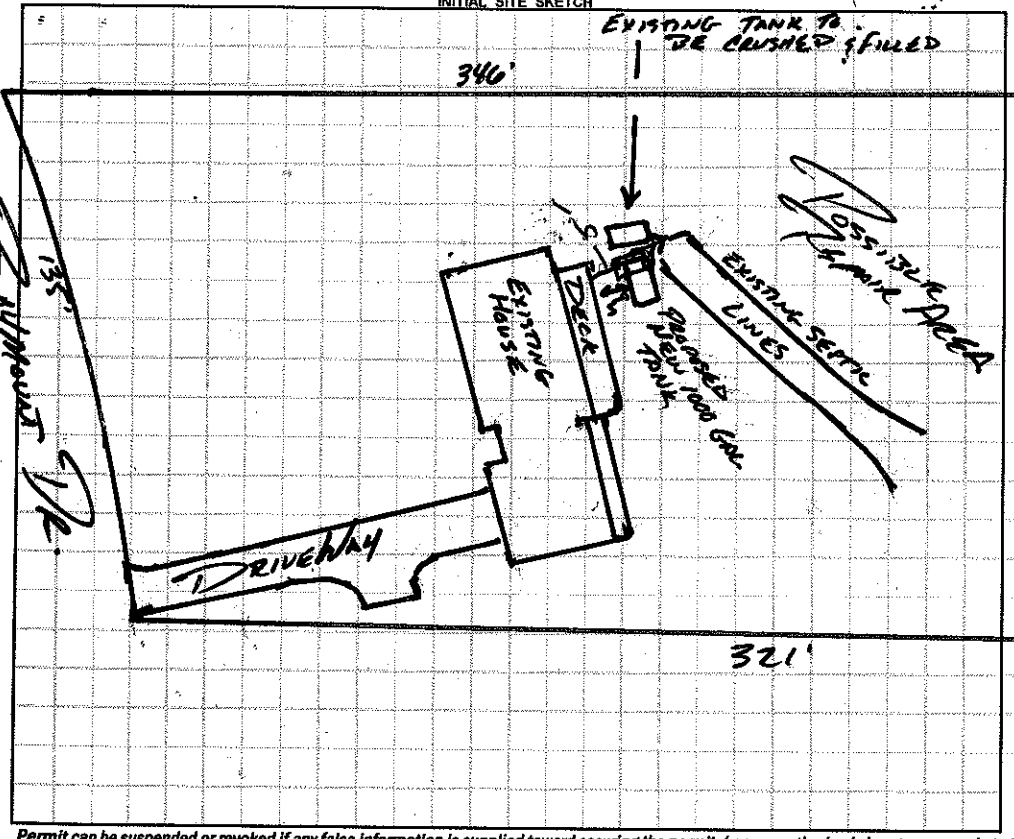
☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

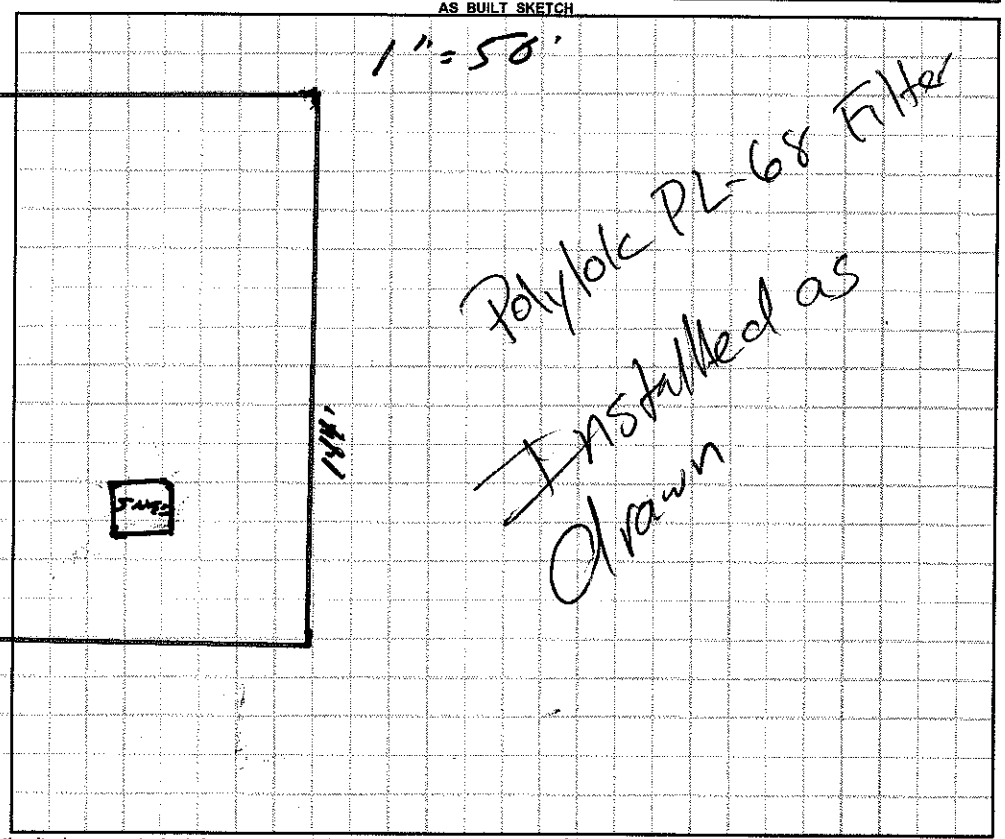
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

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: Susan Jarman Date: 8/10/16 Installed by: L & M Grading

IMPROVEMENT PERMIT by: Date: 8/5/16 OPERATION PERMIT by: Date: 08/18/16

AUTHORIZATION TO CONSTRUCT by: Date: 8/5/16 Existing System Inspected by: Date:

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