IREDELL COUNTY HEALTH DEPARTMENT

CI THIS PERMIT VOIDS PREVIOUS ISSUED 9-24-04

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

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

PERMIT# 123947 PIN# 4757-80-2205 7088 76 DATE 6-1-05

OWNER OR CONTRACTOR CHRIS HALL PHONE: Business 704-224-7307 Home 704-871-0766

ADDRESS 207 GASTON COURT, STATESVILLE, NC 28625

LOCATION US 21 N, TR JANE SOWERS RD, TL BAYMOUNT DR, TL BAYMOUNT ACRES, BEAR LEFT, HOUSE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 18.496 ACRES SITE CLASS PS DESIGN FLOW 720' L.T.A.R. 0.50 GPD/FT2

Septic Tank: 1500 Gallons; STB 268 Date 1-26-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

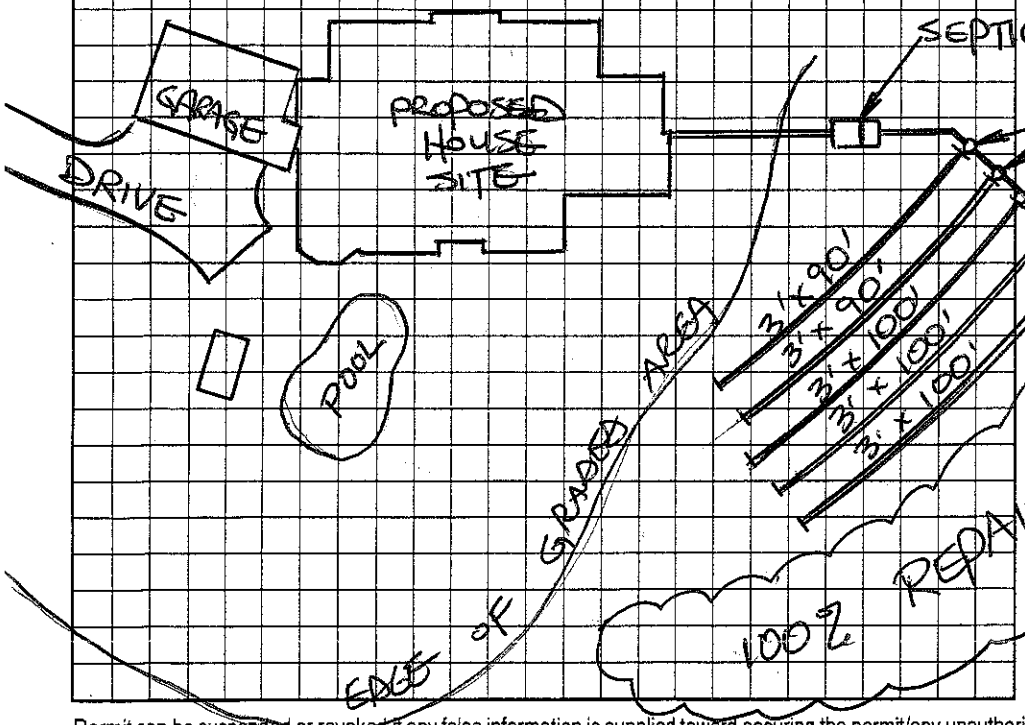
☐ House/Mod. Home No. Bedrooms 6
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: AN 'ACCEPTED' SYSTEM MAY ALSO BE USED.

Comments:/Conditions: Bowed

INITIAL SITE SKETCH ~ SCALE: 1" = 50'



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 6/3/5 Installed by: James Hudler

Improvement Permit by: STEVE HEDRICK date 6-1-05 Operation Permit by: _____ date 6-16-06

Authorization to Construct by: STEVE HEDRICK date 6-1-05 Existing System Inspection by: _____ date _____

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