# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131126 PIN# 4823446128. 36842 DATE 10-17-05

OWNER OR CONTRACTOR Arlo R Baize PHONE: Business _____ Home 704-881-2232

ADDRESS 1069 Leonard RD Lynchburg, OH 45140

LOCATION 77N - TL 65 EXIT TR Galaxy Rnd TR Zeb TR Hetcher 1/3 mile on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 10 AC SITE CLASS. PS DESIGN FLOW 460 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 5-30-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1600 Linear Feet 534
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

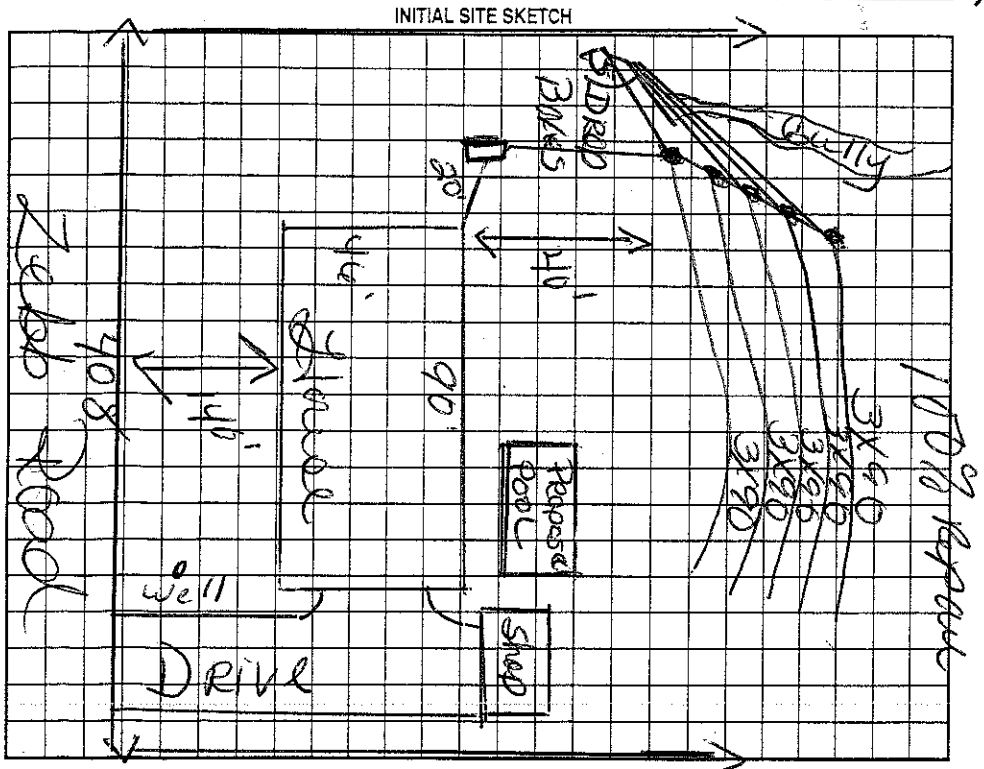
☐ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ___
☐ Business No. Employees ___
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

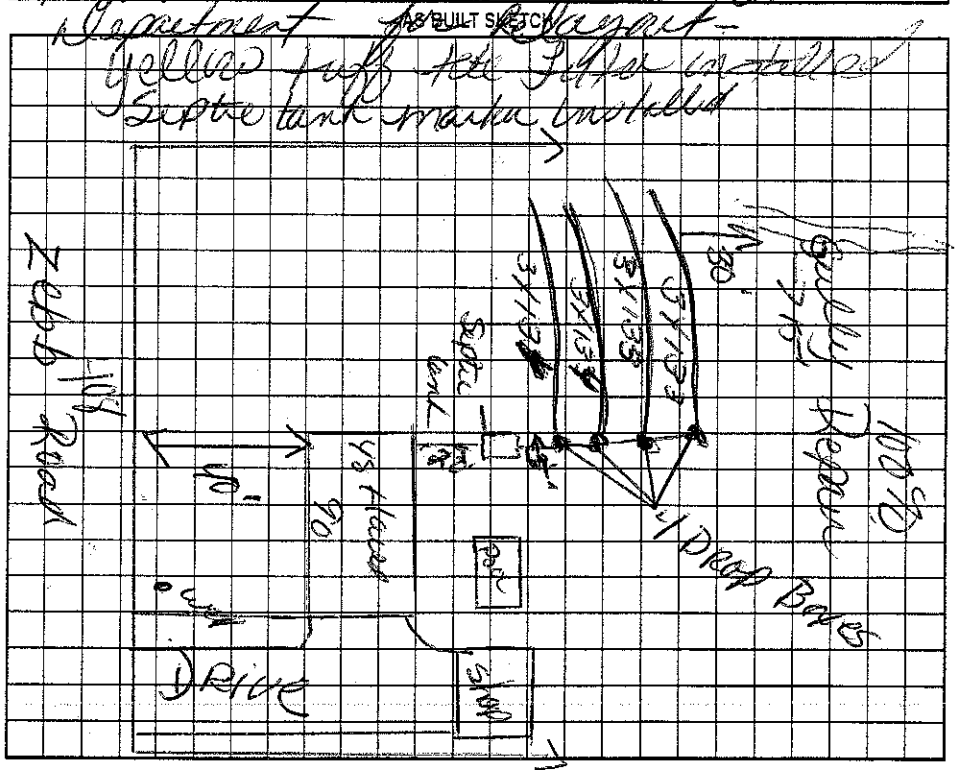
Comments:/Conditions:
Install on Contour
Maintain all setbacks

Comments:/Conditions:
Not to scale
Before Installation, call Health Department - Engineer
Yellow tuff tape for Septic outlet
Septic tank marker installed

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: Arlo Baize date _____ Installed by: A-1 Backhoe

Improvement Permit by: Kelli Cook date 10-17-05 Operation Permit by: Larry Cook date 12-30-05

Authorization to Construct by: Kelli Cook date 10-17-05 Existing System Inspection by: _____ date _____

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