IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83625 PIN# 3785797519 DATE Sept 24, 99

OWNER OR CONTRACTOR Cynthia Renee Betzina PHONE: Business _____ Home 5859024

ADDRESS Stony Point P.O. Box 134

LOCATION N Old Mt Rd (L) County Line (L) Hwy. Jordan Crest Lot on Left

SUBDIVISION Victorias Landmark BLOCK / SECTION _____ LOT 15 LOT AREA .59Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB 1012 Date 8 9 99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1454 Linear Feet 360
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: 25% Reduction GRAVITY
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 4
☒ Mobile Home DW No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

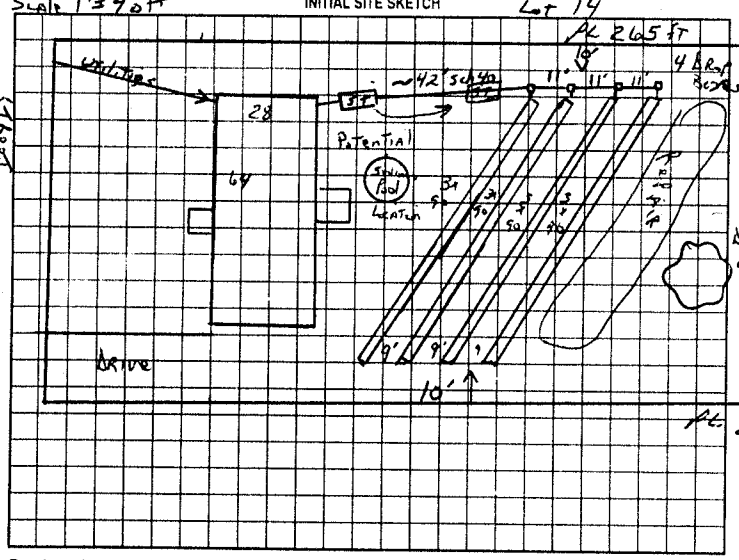
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: Install on Contour - 60 Chambers or 36 HNS Sections
Septic Tank may be located closer to septic system
May use flow divider Tees
Follow all set back Rules. Locate both side Property Lines before installing.

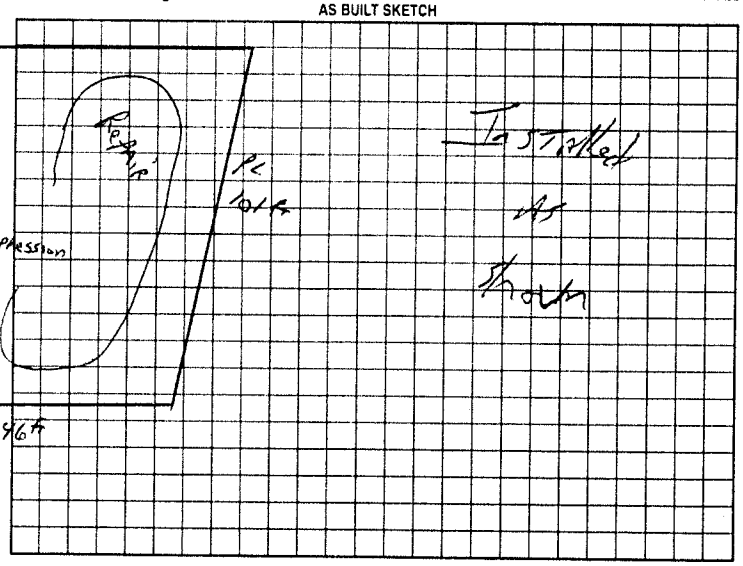
Comments/Conditions

Scale 1"=40ft

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: Cynthia R. Betzina date 9-24-99

Improvement Permit by: C. Potter date Sept 24, 99

Authorization to Construct by: C. Potter date Sept 24 99

Installed by: A/ B. McKee

Operation Permit by: C. Potter date Oct 25 99

Existing System Inspection by: _____ date _____

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