IREDELL COUNTY HEALTH DEPARTMENT

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

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

2 55 pm

PERMIT# 094564 PIN# 4648654543 (Ropes Course) DATE 3-22-2001

OWNER OR CONTRACTOR Iredell County Recreation Dept. PHONE: Business 878-5359 Robert Weedie Home 878-3103

ADDRESS 200 S. Center St. Statesville, NC 28677

LOCATION 204 Bluefield Rd. Hwy 150 West TR Bluefield TL Challenge LN - Near Rappelling Tower

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1 LOT AREA 43.7 Acres SITE CLASS. PSJ DESIGN FLOW 500 gpd L.T.A.R. .30

Septic Tank: 1500g Gallons; STB 338 Date 5-20-01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1650' Linear Feet 550'

No Lines 6 Trench Width 36" Max Trench Bottom Depth 24-36" Gravel Depth 12"

X New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: Gravity - Conventional

Repair System Description: Gravity - Innovative

Maintenance Agreement Required: ☐ Yes X No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

X Other ~5 campsites (500g)

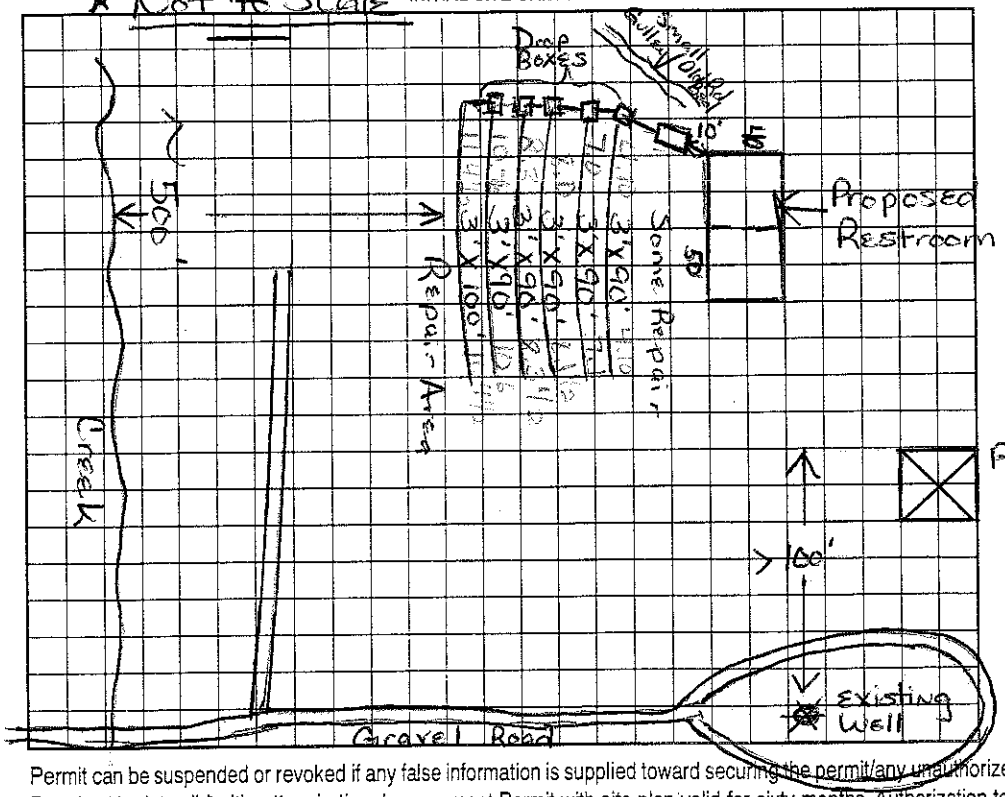
X Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

Comments/Conditions: X Okay to use "Distribution boxes" instead of "Drop Boxes". Grey Filter installed. Risers installed.

Comments/Conditions: Keep Septic System at least 100' from well & at least 5' from Building Foundation.

★ Not to Scale INITIAL SITE SKETCH



AS BUILT SKETCH

Installed As Drawn

Storage Building

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: RRead date 3/22/01 Installed by: Wayne Orbison RS

Improvement Permit by: Maria H. Watson RS date 3/22/2001 Operation Permit by: Maria H. Watson RS date 7/3/2001

Authorization to Construct by: Maria H. Watson RS date 3/22/2001 Existing System Inspection by: _____ date _____

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