IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 #130 MOORESVILLE 704-664-5281

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

PERMIT# 120087 PIN# 4747-39-4866.81 20429 DATE April 4, 05

OWNER OR CONTRACTOR Divine Land Inc. PHONE: Business _____ Home _____

ADDRESS 823 Jennings Rd Statesville N.C. 28625

LOCATION US 21 N TL Jennings Rd TL Deer Haven Dr. to end TR Sundance Circle 2nd Lot on Right

SUBDIVISION Deer Crossing BLOCK / SECTION IV LOT 81 LOT AREA ±.629Ac SITE CLASS. R5 DESIGN FLOW 360gpd L.T.A.R. ±3

Septic Tank: 1000 Gallons; STB 825 Date 5/11/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 400/600 Linear Feet 200

No Lines 2+2 Trench Width 24" min Bottom Max Trench Bottom Depth 36"

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

System Description: Gravity PPBPS (50% Red)

Repair System Description: Gravity/Pumped PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

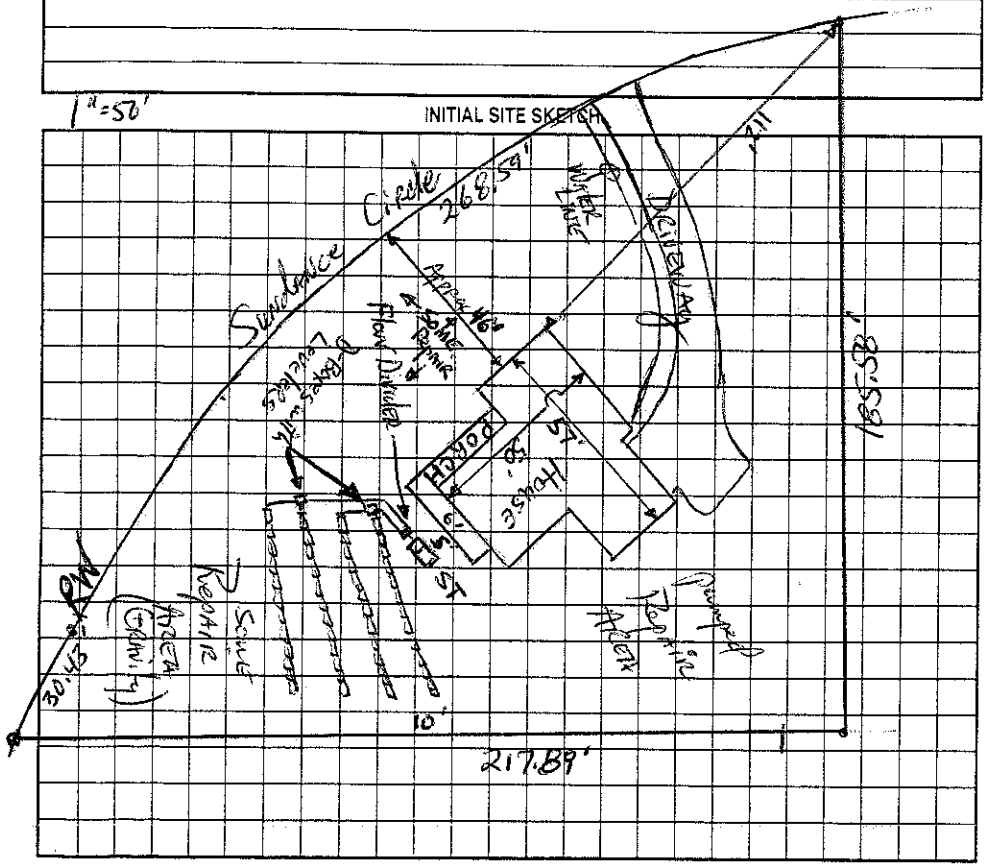
Water Supply: ☐ Individual ☑ Public ☐ Community

Gravel Depth NA ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: @ 36" min 9'oc

Comments/Conditions: ST W/ MARKER AND POLY-LOK FILTER INSTALLED AS DRAWN WITH 46 PANELS

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: Reginald Cecil date 4/13/05

Improvement Permit by: DH Hyman, RS date 4-4-05

Authorization to Construct by: DH Hyman, RS date 4-4-05

Installed by: Rowan Septic

Operation Permit by: Shannon Cecil date 7/28/05

Existing System Inspection by: _____ date _____

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