300

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089361 PIN# 4757352459 (pt) DATE Nov. 7, 00

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

ADDRESS 154 Bethany Rd. # 4474 Lake Nc. Statesville NC 28673

LOCATION 2 LOT N. TO Bethany Rd. TR Gilead TR BEREA TR Mt Zion immediately on left

SUBDIVISION Bethany Trace BLOCK / SECTION 1 LOT 31 LOT AREA ±4 Ac SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 825 Date 10/1/00

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 1470 Linear Feet 490

No. Lines 7@70' Trench Width 36" Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Conventional

Repair System Description: Conv. Innovative

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

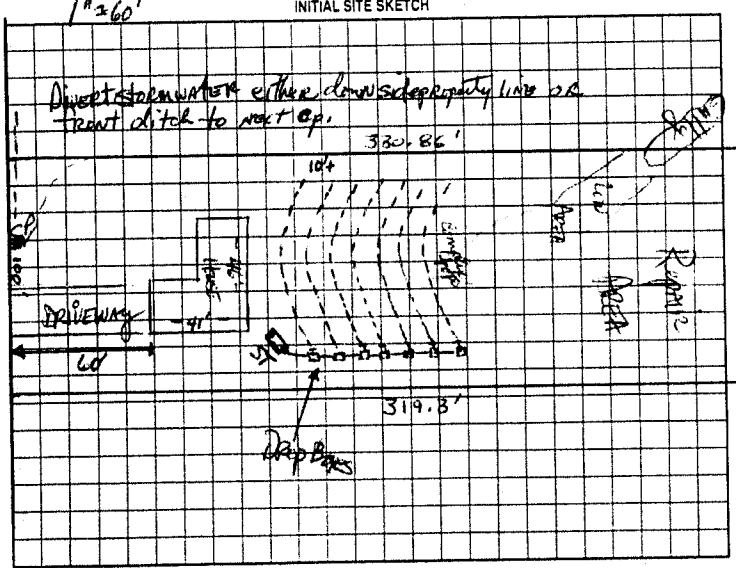
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

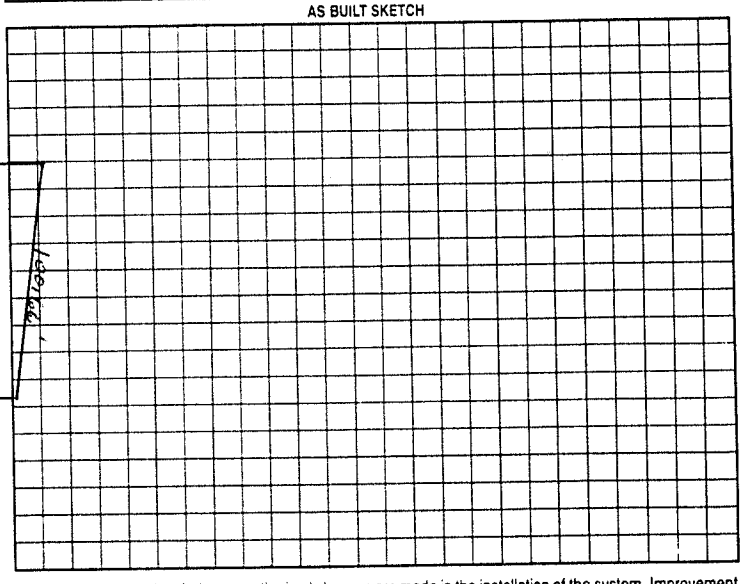
Comments/Conditions: Install trenches at 36" trench bottom depth. Divert stormwater around system area (downside line)

Comments/Conditions: 9 2½ 10/1" 10 11/2½ 11/10" 12/11" 13/10" 14/7½
9 2½ 10/1½" 10/11" 11 2½ 12/11" 13/11" 14.8

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: _____ date 11/9/00

Improvement Permit by: _____ date 11-7-00

Authorization to Construct by: _____ date 11-7-00

Installed by: Rowan Septic

Operation Permit by: _____ date 12/28/00

Existing System Inspection by: _____ date _____

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