IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 155.00 Paid CI MOORESVILLE 704-664-5281

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

PERMIT# 089353 PIN# ~~4759352459 ft~~ 4757-35-3527 DATE October 19, 02

OWNER OR CONTRACTOR Divieland Inc. PHONE: Business 202-4971 Home

ADDRESS 4474 Lake Dr. Sherrills Ford N.C. 28673

LOCATION From Statesville 21 N. TL Bethany Road TR Gilead TR Berea TL Mt. Zion on left

SUBDIVISION Bethany Trace BLOCK / SECTION 2 LOT 36 LOT AREA .47 Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1060 Gallons; STB 825 Date 11-17-02
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 @ 50 EA Trench Width 24" MIN 80c Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity PPBPS
Repair System Description: Pumped 25% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

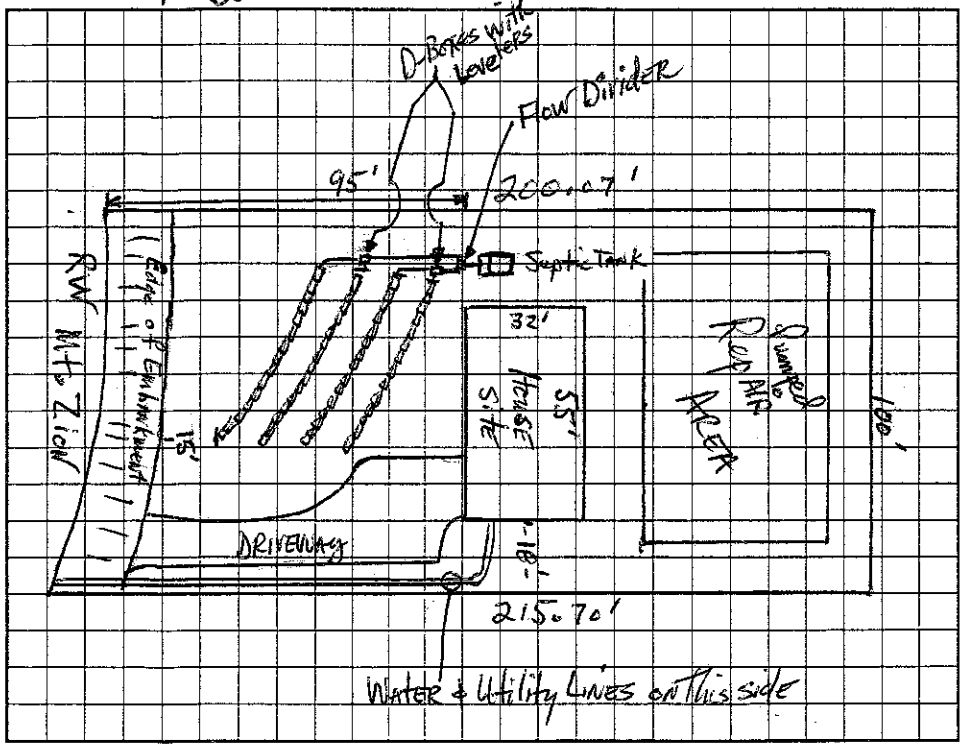
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: OR 36" MAX 96c

Comments/Conditions: TANK IS 11' OFF STOP P/L BY STAKED CORNERS. POLYLOK FILTER + MARKER. INSTALLED AS DRAWN

1"=50'

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 10/10/02 Installed by: ROWAN SEPTIC

Improvement Permit by: date 10-10-02 Operation Permit by: date

Authorization to Construct by: date 10-10-02 Existing System Inspection by: date

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