IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089940 PIN# 4757352459 (pt) DATE September 5, 00

OWNER OR CONTRACTOR Divine Land Inc / Gregory Cecil PHONE: Business 704-202-4971 Home

ADDRESS 4474 Lake Dr, Statesville 28673

LOCATION 2 IN TL Bethany Rd. TR Gilead Church Rd TR BERGA TL 1142 Zion AT END ON left

SUBDIVISION Bethany Trace BLOCK / SECTION II LOT 39/40 LOT AREA 1.57 Ac SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB B25 Date 1-20-01

Pump Tank: 1000 Gallons; PT 302 Date 1-11-01

Pump Make: Gouds Model WE0511M Serial No. A0154529

Nitrification Field: No Fields 1 Square Feet 960+ Linear Feet 300+

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I. II. III IV. V. VI

System Description: PM Innovative 25% Reduction

Repair System Description: Similar Type

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

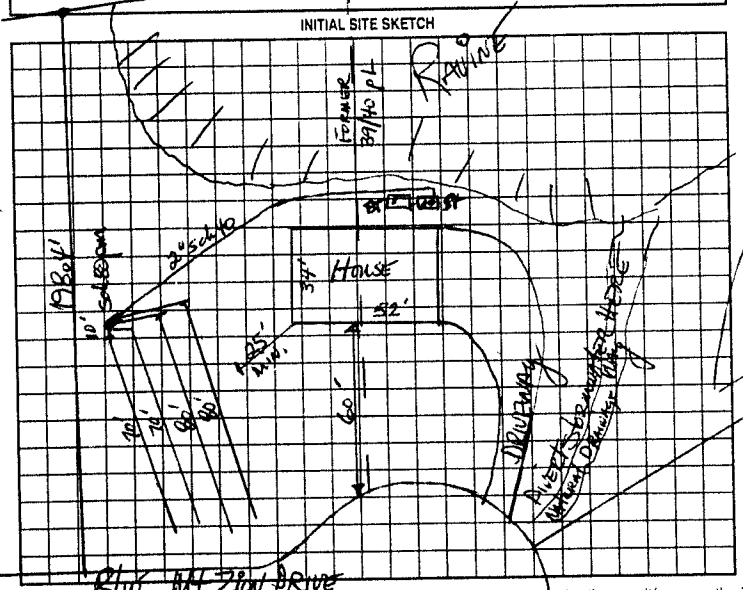
No. Bedrooms 3 No. Bathrooms 2 No. Employees

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

100+ 37' 293.07'

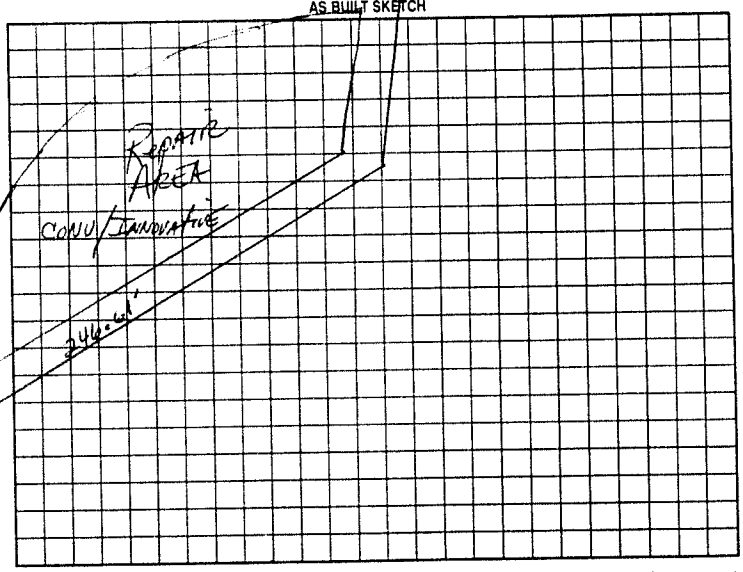
INITIAL SITE SKETCH



Comments:/Conditions:

4-4-01 EQ Lines Checked & pressure head checked.

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: Gregory Cecil date 9/6/00 Installed by: ROWAN SEPTIC

Improvement Permit by: [signature] date 9-5-00 Operation Permit by: [signature] date 04-16-01

Authorization to Construct by: [signature] date 9-5-00 Existing System Inspection by: date

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