3.30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089360 PIN# 4757352459 (pt.) DATE October 13, 00

OWNER OR CONTRACTOR Dixieland Inc. / GINGER Cecil PHONE: Business 202-4971 / 828-478-5331 Home

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

LOCATION 21 N. TL Bethany Rd. TR Gilead TR BEREA toend STRAIGHT ACRASS ON MT ZION Dr.

SUBDIVISION Bethany Trace BLOCK / SECTION II LOT 50 LOT AREA .46Ac SITE CLASS RS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1600 Gallons; STB 825 Date 10/1/00

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Trench Bottom Depth 36"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 12"

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

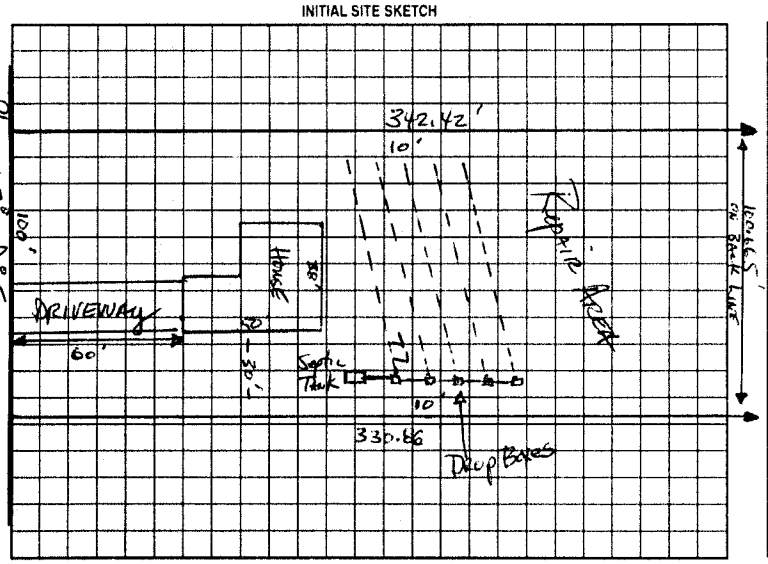
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: Install Laterals AT OR AS CLOSE AS possible to 36" trench bottom.

Comments/Conditions

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: Ginger Cecil date 10-12-00 Installed by: ROWAN SEPTIC

Improvement Permit by: [signature] date 10-12-00 Operation Permit by: [signature] date 12/27/00

Authorization to Construct by: [signature] date 10-12-00 Existing System Inspection by: date

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