IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089359 PIN# 4757352459 (pt) DATE July 6, 2000

OWNER OR CONTRACTOR Driveline Inc. PHONE: Business _____ Home _____

ADDRESS 4474 Lake Dr. Statesville NC

LOCATION 21 N TL Bethany Rd TR Gilead Ln. TR Berea TL Mt Zion immediately on Right

SUBDIVISION Bethany Trace BLOCK / SECTION II LOT 49 LOT AREA .46 SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB ~~1000~~ 825 Date 6-15-00

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 @ 80 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity conventional

Repair System Description: Same

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

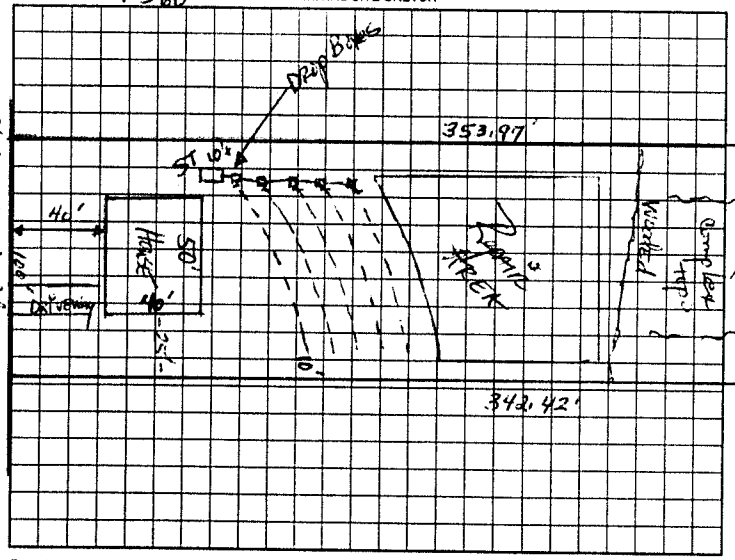
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: SEPTIC TANK W/ MARKER INSTALLED USING "ZABEL" FILTER

1" = 60'

INITIAL SITE SKETCH



R/W Mt Zion Rd.

AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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: Regina Boyce date 7/7/00 Installed by: Rowan Septic Tank

Improvement Permit by: [signature], RS date 7-6-00 Operation Permit by: Steve Herrick date 8-10-00

Authorization to Construct by: [signature], RS date 7-6-00 Existing System Inspection by: _____ date _____

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