IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089357 PIN# 4757352459 (pt) DATE April 3, 01

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

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

LOCATION From Statesville 21 N TL Bethany Rd. TR Gilead TR Berea TL Hutchison on Right

SUBDIVISION Bethany Trace BLOCK / SECTION II LOT 47 LOT AREA 6.85 Ac SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .025

Septic Tank: 1000 Gallons: STB 825 Date 3-3-01

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No

Nitrification Field: No Fields 2 Square Feet Linear Feet 480

No Lines 3+3 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity Conventional

Repair System Description: Gravity Innovative -25% Red.

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

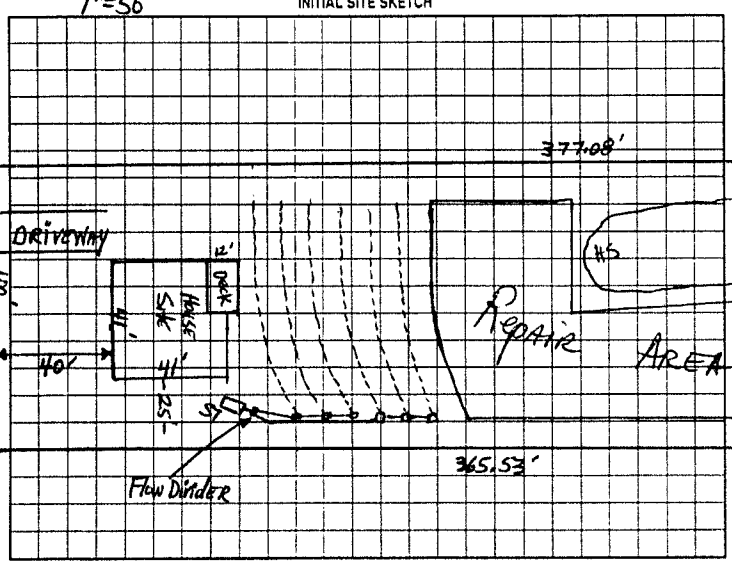
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: Use Flow Divider to create 2 subfields - 3 Drop Boxes on Each subfield.

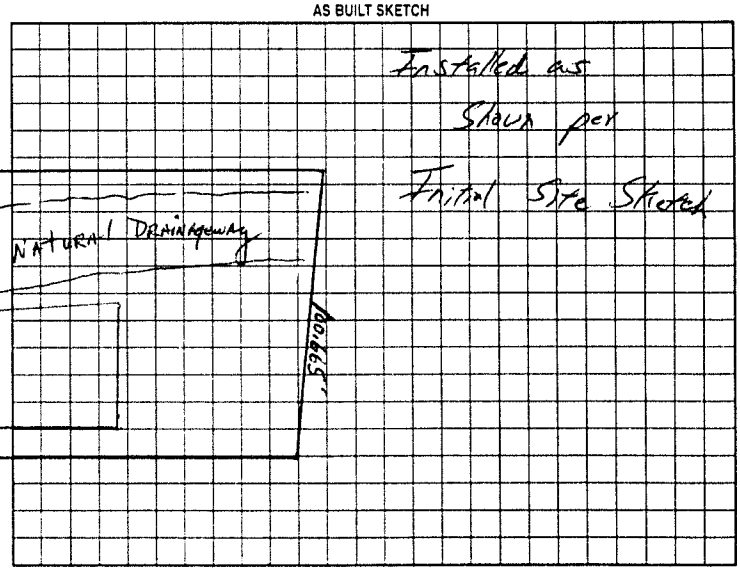
Comments/Conditions: - Installed poly lok Filter

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: Kenneth Grail date 5/3/01

Improvement Permit by: [signature] IPS date 4-3-01

Authorization to Construct by: [signature] IPS date 4-3-01

Installed by: Rowan Septic

Operation Permit by: William O. Johnson date 7/25/01

Existing System Inspection by: date

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