IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104977 PIN# 4760-20-9964 DATE 03-19-02

OWNER OR CONTRACTOR FLEETWOOD HOMES / BETHESDA RD LLC PHONE: Business SCOTT CONDER 704 528 7120 Home

ADDRESS PO BOX 1732 LINCOLNTON NC 28092

LOCATION 70E, ① BETHESDA, ② ROBIN HILL, ③ AT END IN CUL-DE-SAC

SUBDIVISION FAIRWINDS BLOCK / SECTION LOT 19 LOT AREA 0.7568 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 02/04/02

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 4X100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONV 6CAV

Repair System Description: LP 2540 80/6CAV

Maintenance Agreement Required: ☐ Yes X No

☐ House/Mod. Home No. Bedrooms 3

X Mobile Home PW No. Bathrooms 2

☐ Business No. Employees

☐ Other

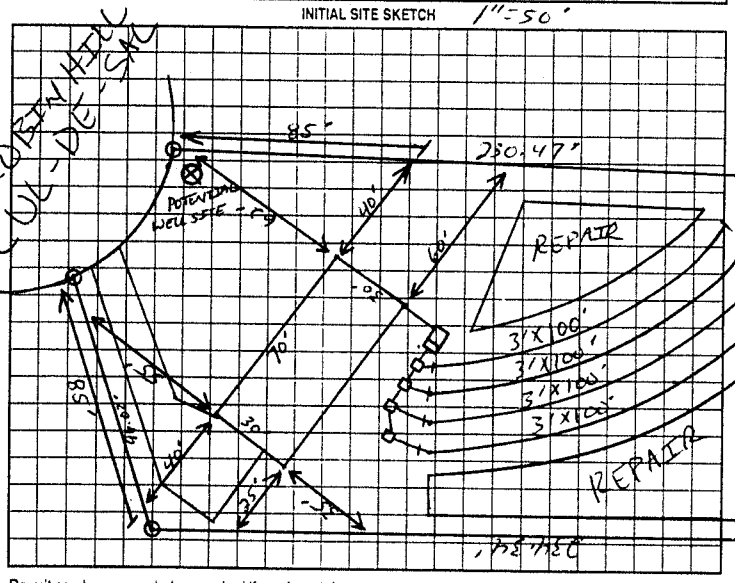
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community WELL

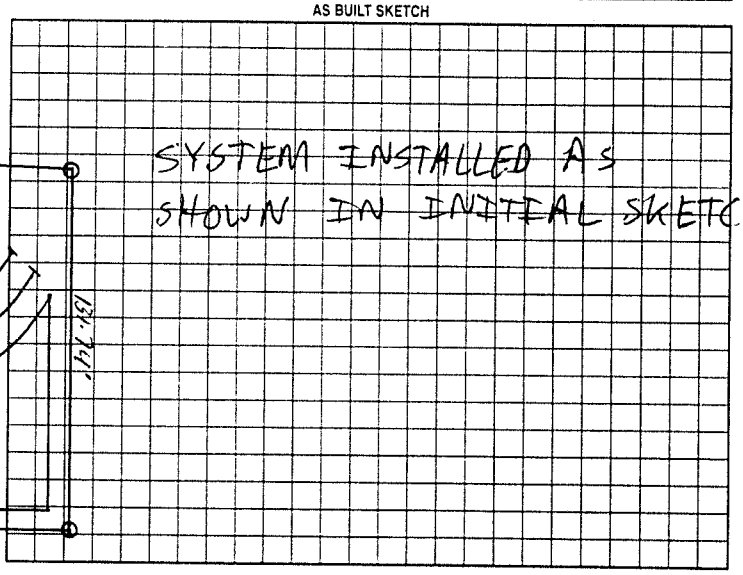
Comments/Conditions: ① KEEP WELL 100' FROM ANY PART OF SYSTEM ② INSTALL LINES ON CONTOURS ③ MAINTAIN SETBACKS

Comments/Conditions: SEPTIC TANK INSTALLED W/ [redacted] Marker & Poly Gem filter

INITIAL SITE SKETCH 1"=50'



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: Scott F. Conder date 4.8.02 Installed by: A-1 Backhoe

Improvement Permit by: [signature] date 03.19.02 Operation Permit by: [signature] date 07/12/02

Authorization to Construct by: [signature] date 03-19-02 Existing System Inspection by: date

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