IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 175.00 Pd. MOORESVILLE 704-664-5281

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

PERMIT# 102951 PIN# 4762-30-4933 DATE Nov. 5, 01

OWNER OR CONTRACTOR Bethesda Rd LLC PHONE: Business _____ Home _____

ADDRESS P.O Box 1732 Lincolnton N.C. 28092

LOCATION 70 East TR Bethesda RD TR Robins Hill Lane on left

SUBDIVISION Fair Winds BLOCK / SECTION _____ LOT 15 LOT AREA .53 Ac SITE CLASS PS DESIGN FLOW 360gpd L T A R. .3

Septic Tank: 1000 Gallons. STB 1012 Date 07/09/02
Pump Tank: _____ Gallons. PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

~~New System~~ Repair System Type: I II III IV V
System Description: Gravity INNOVATIVE 258 Rel
Repair System Description: Gravity PFBPS
Maintenance Agreement Required: Yes No
Gravel Depth NA Slab ~~Crawl Space~~ Basement w/plumbing Basement wo/plumbing

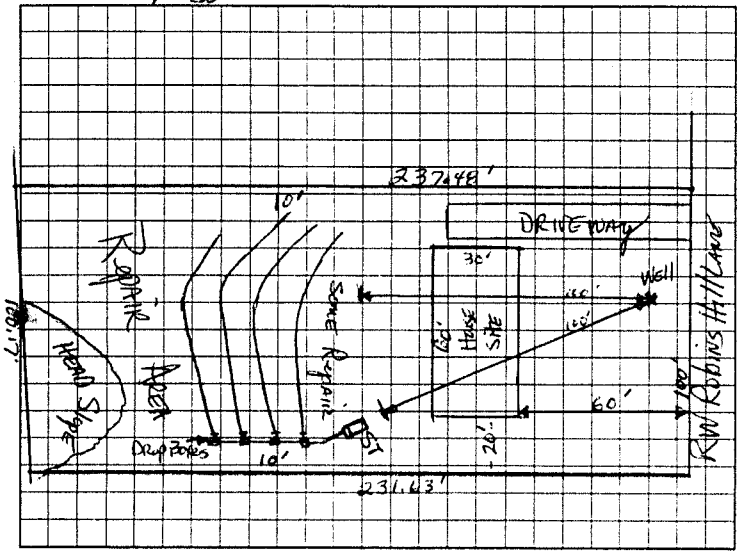
~~House/Mod. Home~~ No. Bedrooms 3
Mobile Home No. Bathrooms 2
Business No. Employees ____
Other _____

Water Supply:
☐ Individual
☐ Public
☐ Community

Comments/Conditions:

Comments/Conditions SEPTIC TANK INSTALLED USING TUFF TIGHT FILTER & SEPTIC MARKER.

1"=50' INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED AS SHOWN IN INITIAL 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: RM date 12-13-01 Installed by: A-1 BACKHOE

Improvement Permit by: _____ date 11-5-01 Operation Permit by: Patrick Mitchell date [redacted] 11/5/02

Authorization to Construct by: Patrick Mitchell date 10/31/02 Existing System Inspection by: _____ date _____

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