IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104800 PIN# 4762-31-4253

OWNER OR CONTRACTOR Bethesda Road LLC PHONE: Business _____ Home _____ DATE April 4 02

ADDRESS P.O. Box 1732, Lincolnton NC 28092

LOCATION 70 East TR Bethesda Rd. TR Robins Hill Lane on Right

SUBDIVISION Fairwinds BLOCK / SECTION 2 LOT 25 LOT AREA .63 ac SITE CLASS PS DESIGN FLOW 360 gpd L T A R .3

Septic Tank: 1000 Gallons: STB 1012 Date 01-06-02

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" Max Trench Bottom Depth 36"

✓ New System Repair System Type: I (O) II III IV V

System Description Gravity Conventional

Repair System Description ~~Gravity~~ Innovair

Maintenance Agreement Required Yes ✓ No

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

House/Mod. Home ~~Mobile Home~~ Business Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

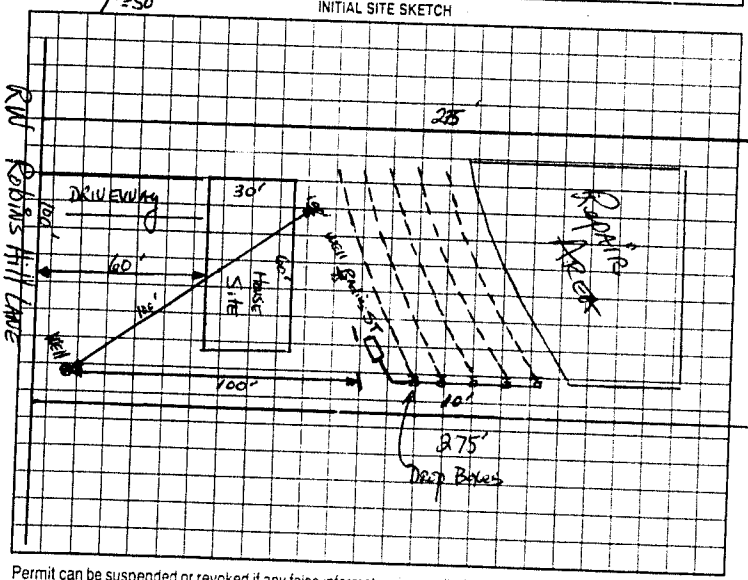
Water Supply: ~~Individual~~ ☐ Public ☐ Community

Comments/Conditions: SIGNED OFF ON 44' x 28' HOUSE PLANS
V'D PROPERTY LINES & EVERYTHING OK

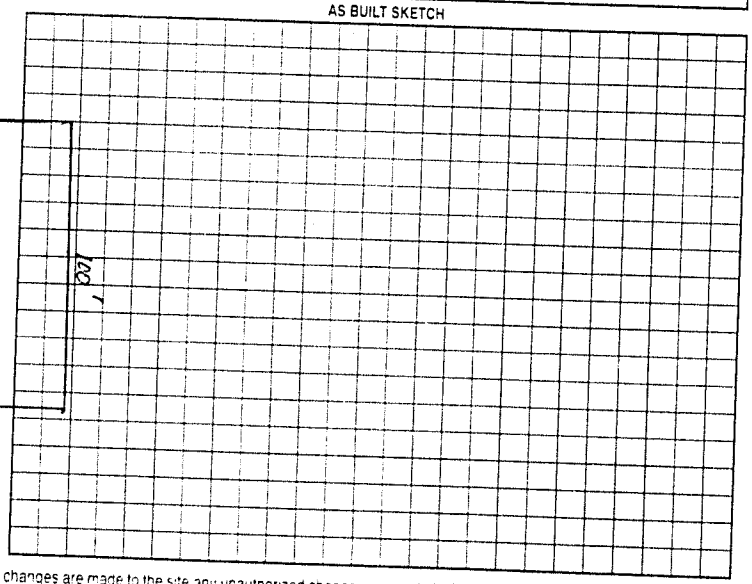
Comments/Conditions POLYLOK & MARLOC
WELL NOT INSTALLED AT
TIME OF CHECK

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: _____

Improvement Permit by: _____ date 4-16-02

Authorization to Construct by: _____ date 4-402

Installed by _____

Operation Permit by _____ date 05-15-02

Existing System Inspection by: _____ date _____

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