IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 04601 / 21,731 PIN# 4762-31-5253 DATE April 5, 02

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

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

LOCATION 70 East TR Bethesda Rd. TR Robinhill Lane on Right

SUBDIVISION Fairwinds BLOCK / SECTION 2 LOT 26 LOT AREA .63 Ac SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 1-20-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 400/600 Linear Feet 200

No Lines 2+2 Trench Width 24" min 8'oc Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Gravity PP BPS

Repair System Description: Gravity or LP PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

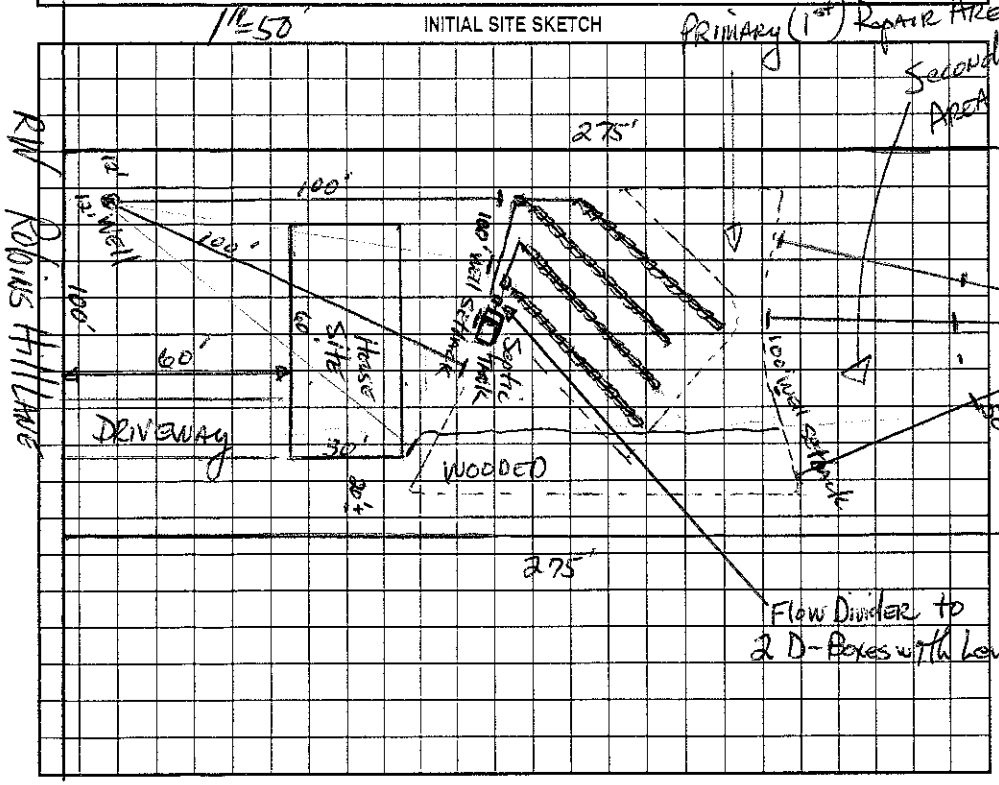
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

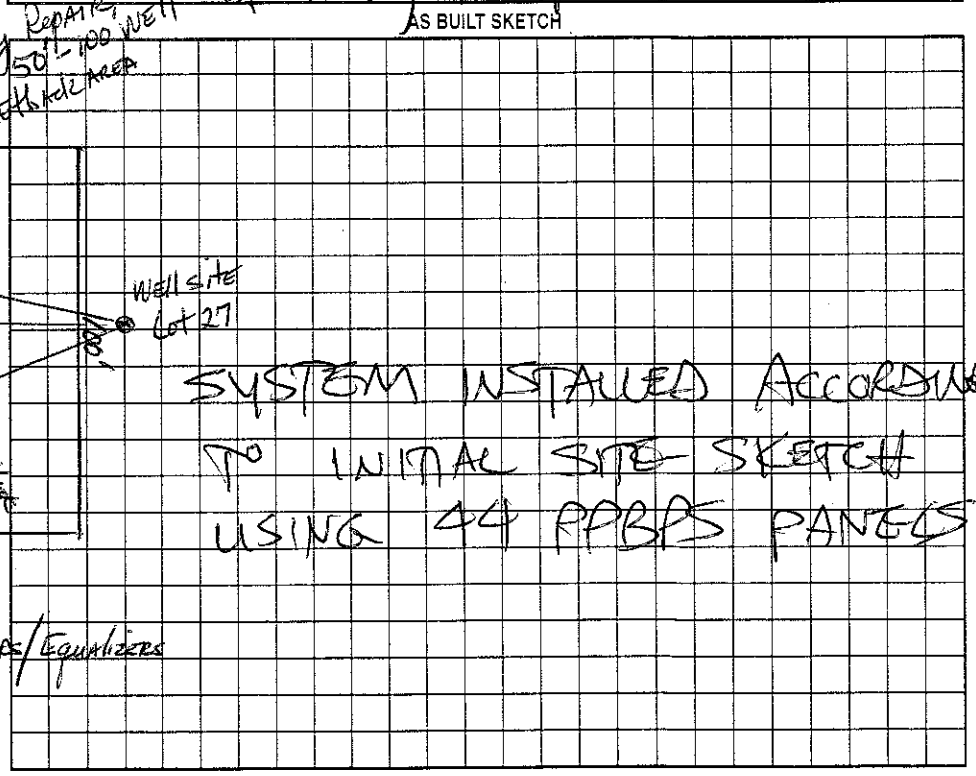
Comments:/Conditions: OR 36" MAX 8'oc

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER - SYSTEM LEFT OPEN DURING PERIOD OF HEAVY RAINFALL.

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: RM Hedrick date 4-24-02 Installed by: CRAIG THOMPSON

Improvement Permit by: [signature] date April 5, 02 Operation Permit by: STEVE HEDRICK date 6-15-04

Authorization to Construct by: STEVE HEDRICK date 6-3-04 Existing System Inspection by: _____ date _____

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