IREDELL COUNTY HEALTH DEPARTMENT

125.00 ~~125.00~~ Paid

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

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

PERMIT# 102949 PIN# 4762-31-5560 DATE Jan 14, 02

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

ADDRESS P.O. Box 1732 Statesville NC 28687

LOCATION 70 East TR Bethesda Rd. TR Fairwind Lane on left

SUBDIVISION Fairwinds BLOCK / SECTION 2 LOT 27 LOT AREA .63Ac SITE CLASS PS# DESIGN FLOW 360gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 1012 Date 5-22-04

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 4 @ 90' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: PER- INNOVATIVE .25% Reduction

Repair System Description: INNOVATIVE OR LPP PBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ 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

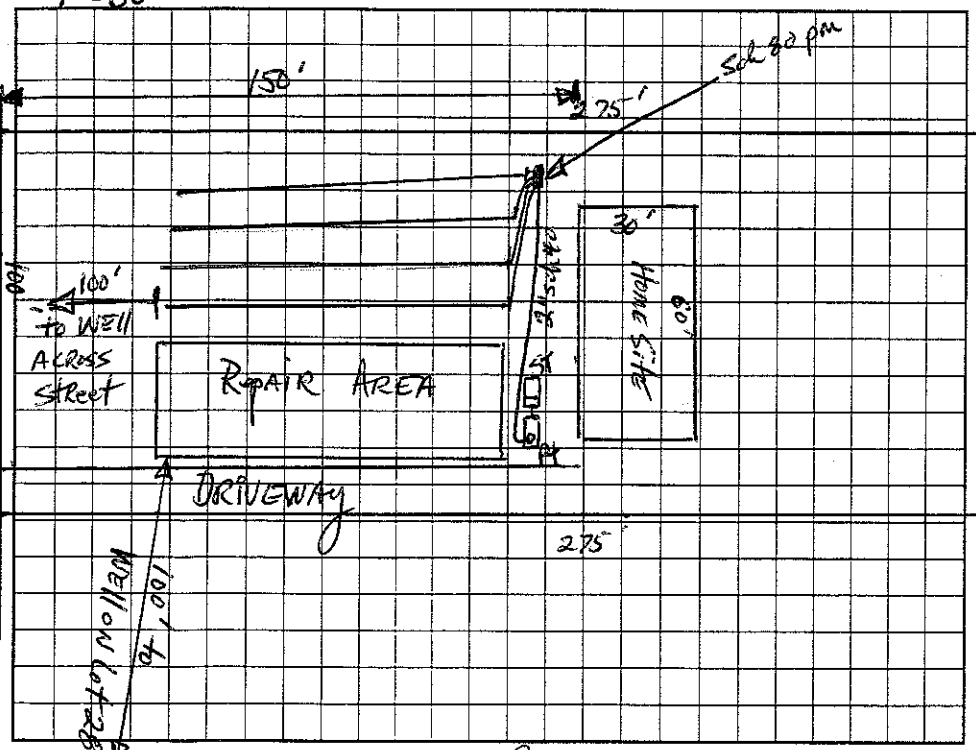
Comments:/Conditions:

* Drainfield must go in area shown. Foundation for home site will likely require special modification because rear half of lot has been filled.

Comments:/Conditions: SYSTEM ALTERED AS SHOWN WITH PRIOR H.D. APPROVAL. SEPTIC TANK WITH MARKER INSTALLED USING "THITE" RISER

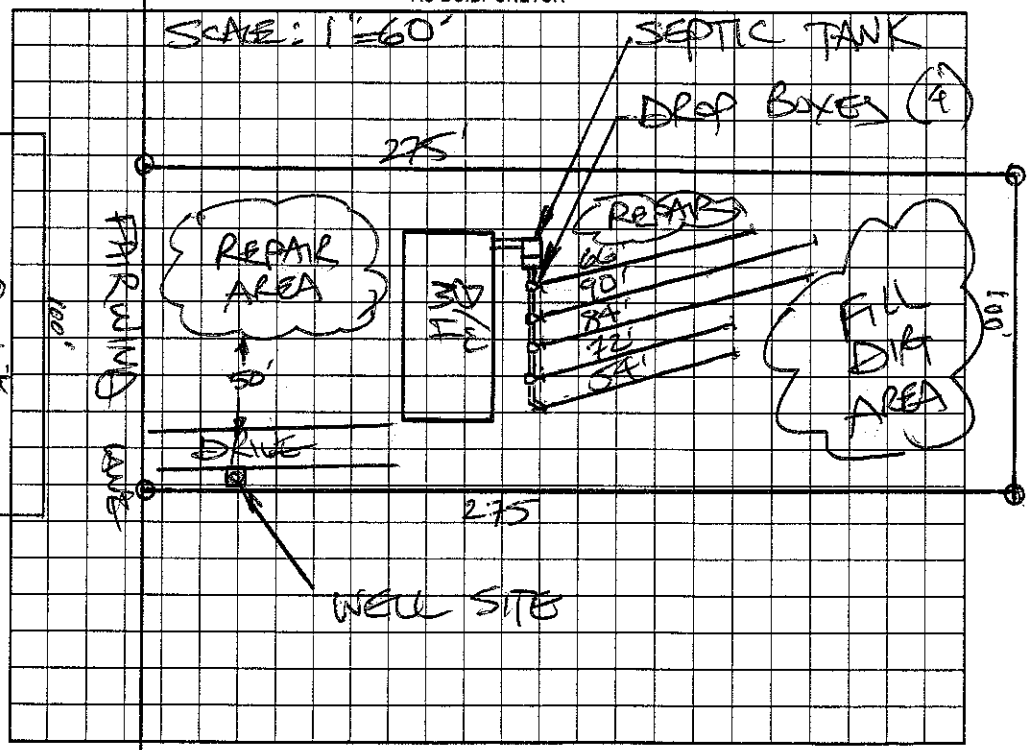
INITIAL SITE SKETCH

1" = 50'



AS BUILT SKETCH

SCALE: 1" = 60'



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: _____ date 1-30-02 Installed by: A-1 BACKHOE

Improvement Permit by: _____ date Jan 14, 02 Operation Permit by: STEVE HENDRICK date 10-11-04

Authorization to Construct by: STEVE HENDRICK date OCT 7, 04 Existing System Inspection by: _____ date _____

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