IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $50.00 Paid 2:30 MOORESVILLE 704-664-5281

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

PERMIT# 108476 PIN# 4638568921 Gary Matthews DATE 11-21-2002

OWNER OR CONTRACTOR Matthews Building Corp. PHONE: Business (704) 400-0452 Home

ADDRESS P.O. Box 2713 Matthews, NC 28106

LOCATION Perth Rd. N TL Stumpy Creek TL Collingswood Rd on left

SUBDIVISION Harborview BLOCK / SECTION III LOT 28' LOT AREA .63 Acre SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 9/22/02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 5@80 Trench Width 36" Max Trench Bottom Depth ~24" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity-Conventional
Repair System Description: Pump-Paved Blk
Maintenance Agreement Required: ☐ Yes ☒ No Not Initially

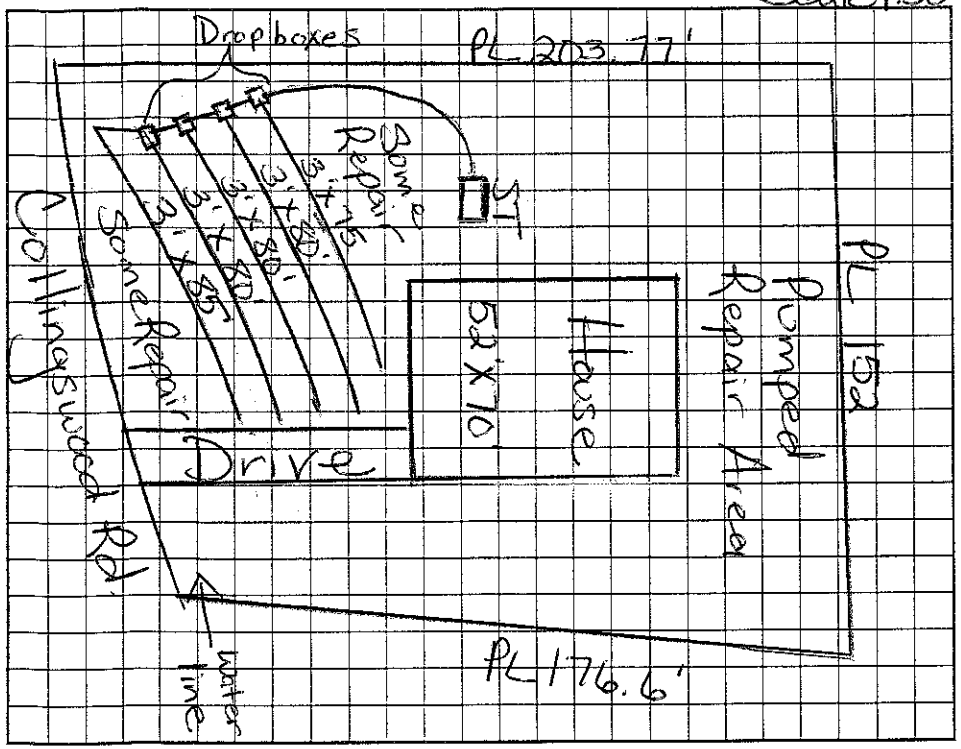
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: Keep Septic System at least 10' From PL

Comments/Conditions: ☒ Note; IF drive can be moved closer to sideline then drainlines can be longer.

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: ____ date 11-22-02 Installed by: Tim Simmons

Improvement Permit by: Maria H. Dotson RS date 11/21/02 Operation Permit by: ____ RS date 12/3/02

Authorization to Construct by: Maria H. Dotson RS date 11/21/02 Existing System Inspection by: ____ date ____

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