IREDELL (...) HEALTH DEPARTMENT

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

$ 330 4:00 40

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

1141

PERMIT# 25844 [redacted] PIN# 4646605431 4 (pt) 4646-65-6366 DATE 12-19-03

OWNER OR CONTRACTOR Carey Matheson PHONE: Business 363-1258 Home

ADDRESS 20115 NC Hendersn Rd Cornelius, NC 28031 (Bridgewater Ln)

LOCATION Hwy 21 S TR Alcove. near end on Rt

SUBDIVISION Bridgewater Landi BLOCK / SECTION ____ LOT 6 LOT AREA .79 Acre SITE CLASS. RS DESIGN FLOW 1000 gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 268 Date 10-7-03

Pump Tank: 1500 Gallons; PT WP1850/247 Date 7-11-03

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1500' Linear Feet 500'

No Lines 6 @ 84' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Pump-25% Reduction

Repair System Description: Pump-LP-Panel

Maintenance Agreement Required: ☐ Yes ☒ No Not Initially

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 5 No. Bathrooms 4.5 No. Employees ____

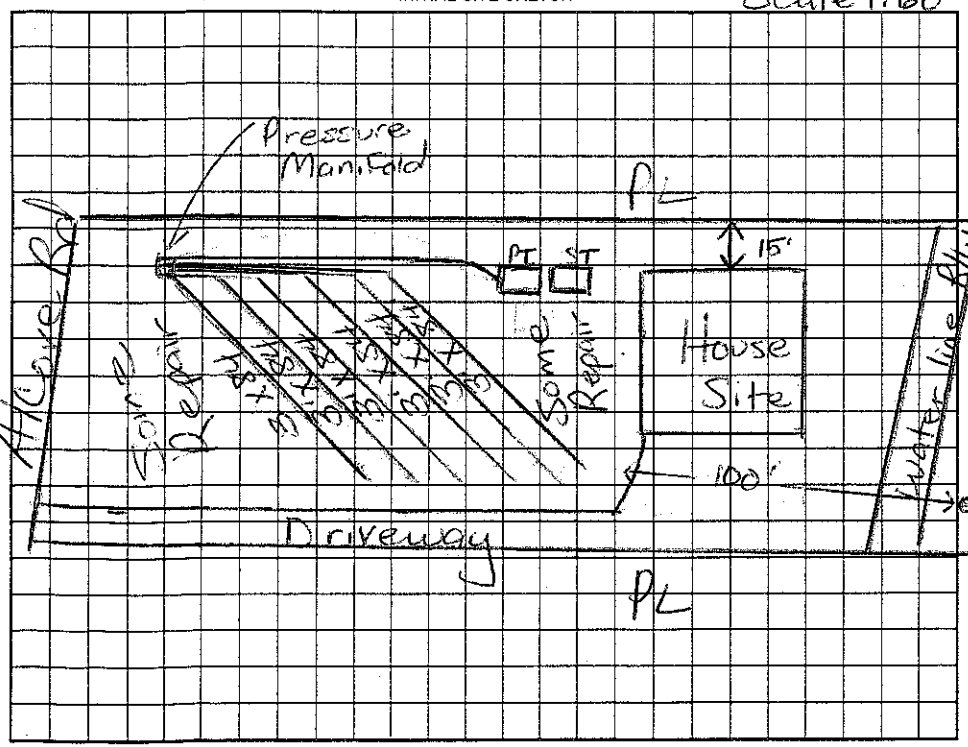
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: ~~X~~ Must Keep well 100' from Septic System (due to Saprolite). Keep Septic System at least 10' from PL, supply line 5' from PL.

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1:60



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: [signature] date ____ Installed by: Tim Mathews

Improvement Permit by: Maria H. Colon RS date 12/19/03 Operation Permit by: [signature] RS date 12/31/03

Authorization to Construct by: Maria H. Colon RS date 12/19/03 Existing System Inspection by: ____ date ____

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