IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (O) MOORESVILLE 704-664-5281

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

PERMIT# 109117 PIN# 4649 25 1198

OWNER OR CONTRACTOR Matthew Johnson DATE 10/8/02

ADDRESS 313 Fern Hill Rd. Mooresville, NC, 28117 PHONE: Business _____ Home 704-664-7055

LOCATION Perth N TR Fern Hill Rd. TR# 313 follow drive to drive on (R)

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA ~ 4½ Ac. SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 794 Date 1/4/03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 684 Linear Feet 228

No Lines 2 @ 114' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III. IV. V. VI

System Description: DrapBox-Conventional

Repair System Description: Pressure-Same

Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home No. Bedrooms ____

[ ] Mobile Home No. Bathrooms ____

[ ] Business No. Employees ____

[X] Other WEIGHT ROOM/EXERCISE

[X] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

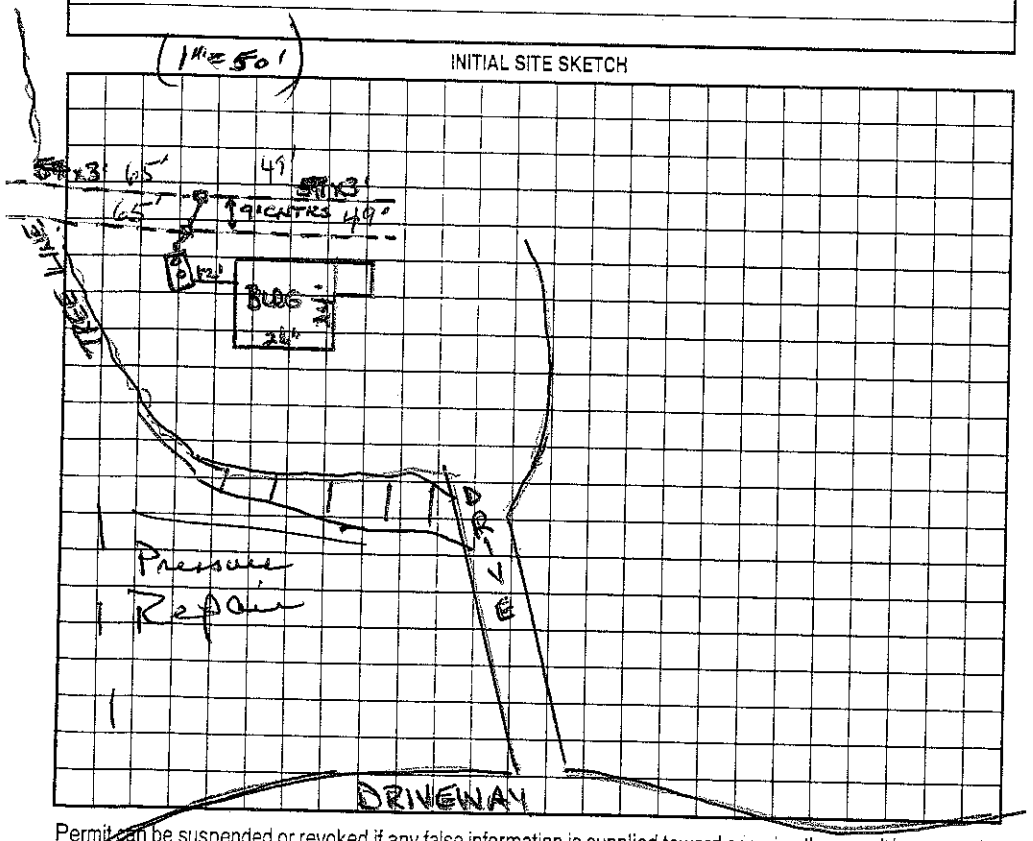
Water Supply: [X] Individual [ ] Public [ ] Community

HOUSES'

Comments:/Conditions: * 1 BATH - NOT FOR RESIDENTIAL USE

Comments:/Conditions:

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: * Beverly A Mariano date 10-9-02 Installed by: Upright Grading

Improvement Permit by: Wesley Sparks RS. date 10/8/02 Operation Permit by: _____ RS date 2/6/03

Authorization to Construct by: Wesley Sparks RS. date 10/8/02 Existing System Inspection by: _____ date _____

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