IREDELL COUNTY HEALTH DEPARTMENT

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

Bridget 660-6618

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

PERMIT# 10532470 PIN# 4677790799 DATE 3-20-2002

OWNER OR CONTRACTOR Matt Simpson/Preston Berry PHONE: Business 528-0848 Matt Home

ADDRESS Hwy 150 E. TL Pineridge less than 1/2 mile on left

LOCATION Hwy 150 E. TL Pineridge 2nd Rd past Carrigan Farm

SUBDIVISION BLOCK / SECTION LOT LOT AREA Acreage SITE CLASS. PS DESIGN FLOW 240 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 744 Date 10/9/01

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 810' Linear Feet 270'

No Lines 3@90' Trench Width 36" Max Trench Bottom Depth 18" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Grav. 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 2 No. Bathrooms 2 No. Employees

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

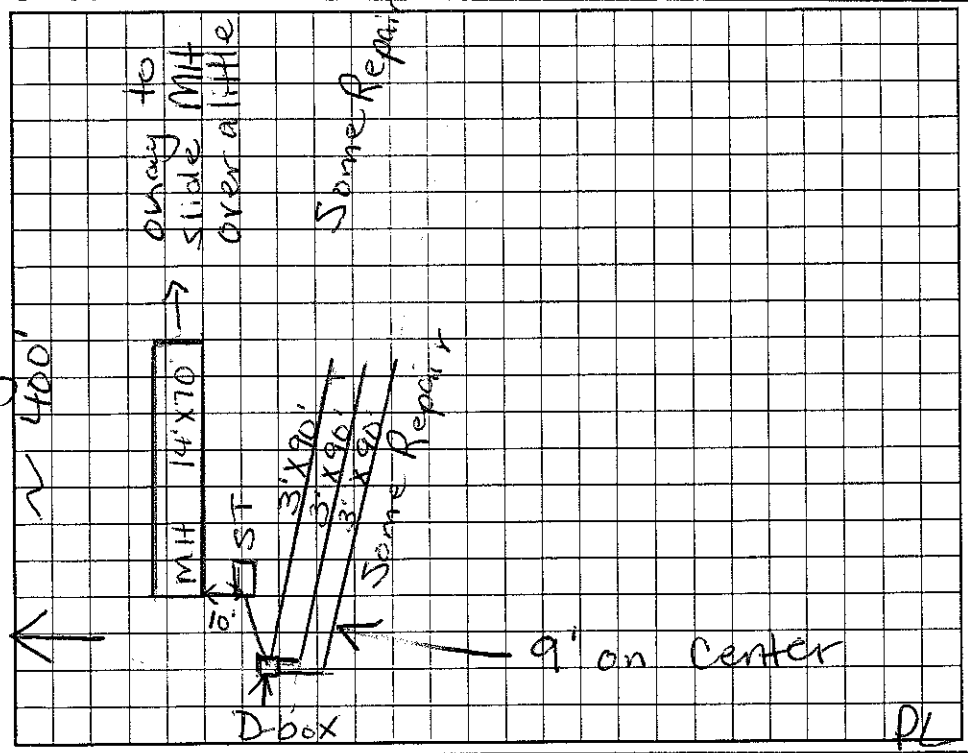
Water Supply: ☒ Individual ☐ Public ☐ Community Shared w/ Exist House

Comments/Conditions: Keep Septic System at least 10' from PL and 10' from water line

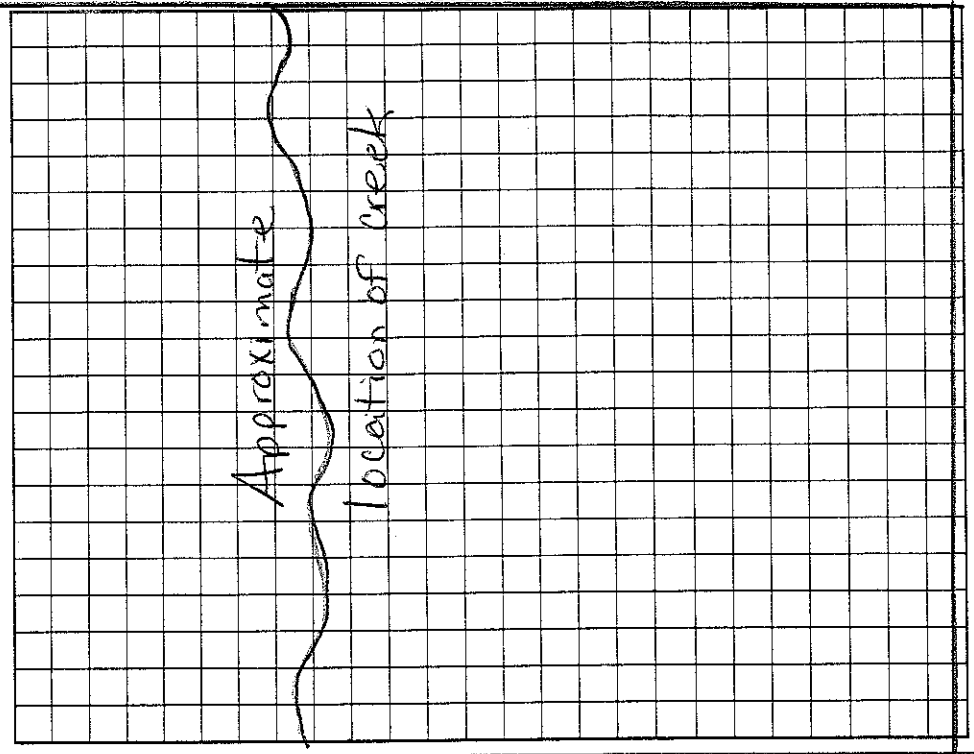
Scale 1:60

Comments/Conditions: Note: ~~Future~~ future well Must be 100' from Septic system.

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: X Preston H. Berry date

Installed by: Home Owner

Improvement Permit by: Maria H. Dolan RS date 4/1/2002

Operation Permit by: RS date 8/5/02

Authorization to Construct by: Maria H. Dolan RS date 4/1/2002

Existing System Inspection by: date

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