IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103466 PIN# 4704-44-1145 DATE 12/14/01

OWNER OR CONTRACTOR Sandra Matthews Cell PHONE: ~~Business~~ (828) 261-0740 Home (828) 328-5192

ADDRESS 6147 Timber Lane Terrace Hickory N.C. 28601

LOCATION I-40W, (R) Old 16th Road, (L) Island Ford Rd, (L) at 6th House - long dirt drive

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.5 Ac. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .35 sq ft/ft²

Septic Tank: 1,000 Gallons: STB 1012 Date 9-17-01
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 343
No Lines 3@115 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

X New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Gravity, Conventional
Repair System Description: Gravity, Pump, Conventional
Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2½ No. Employees ____

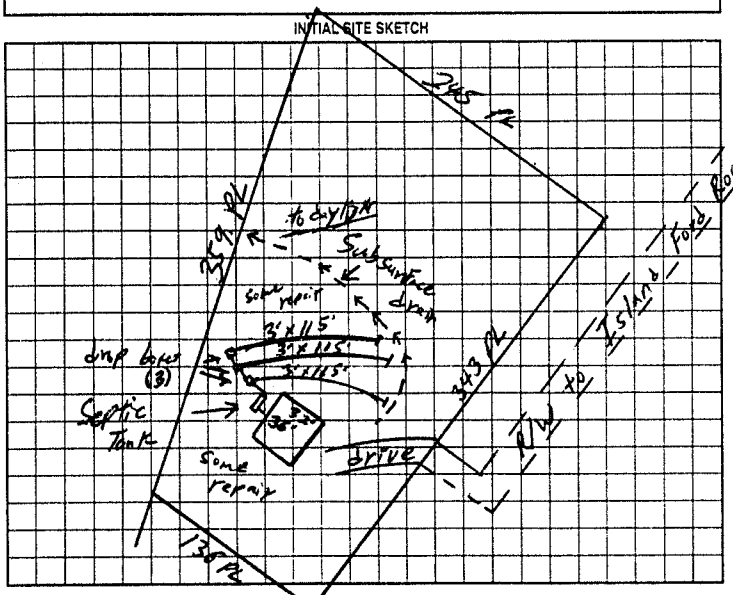
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

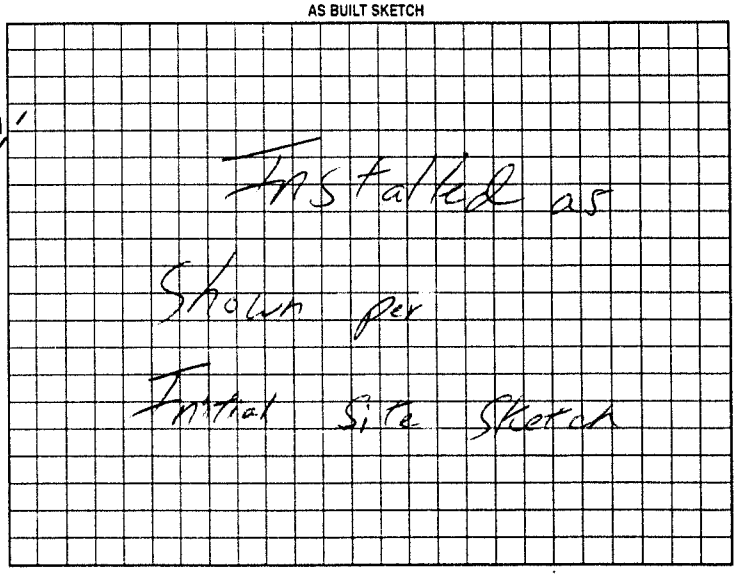
Comments/Conditions: (1) Install lines on Contour (2) Install Subsurface drain around System (3) Do not install when wet

Comments/Conditions: - Poly lok Filter Installed
- Septic Tank Marker Installed

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 Charles Andrew Matthews date 12-13-01 Installed by: A-1 Backhoe

Improvement Permit by: William O. Johnson date 12-14-01 Operation Permit by: William O. Johnson date 3/6/02

Authorization to Construct by: William O. Johnson date 12-14-01 Existing System Inspection by: ____ date ____

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