IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 92567 PIN# 4752 62 2062 DATE 10/24/00

OWNER OR CONTRACTOR Steve Matias PHONE: Business ______ Home 873-3936

ADDRESS 1735 Joe Rd Statesville NC 28625

LOCATION Amity Hill, L Shiloh, L Faith + Hope on RT

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 6.79 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35

Septic Tank: 1000 Gallons: STB 312 Date 12/8/00

Pump Tank: ______ Gallons: PT ______ Date ______

Pump Make: ______ Model ______ Serial No ______

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350

No Lines 5@70' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity Conv.

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

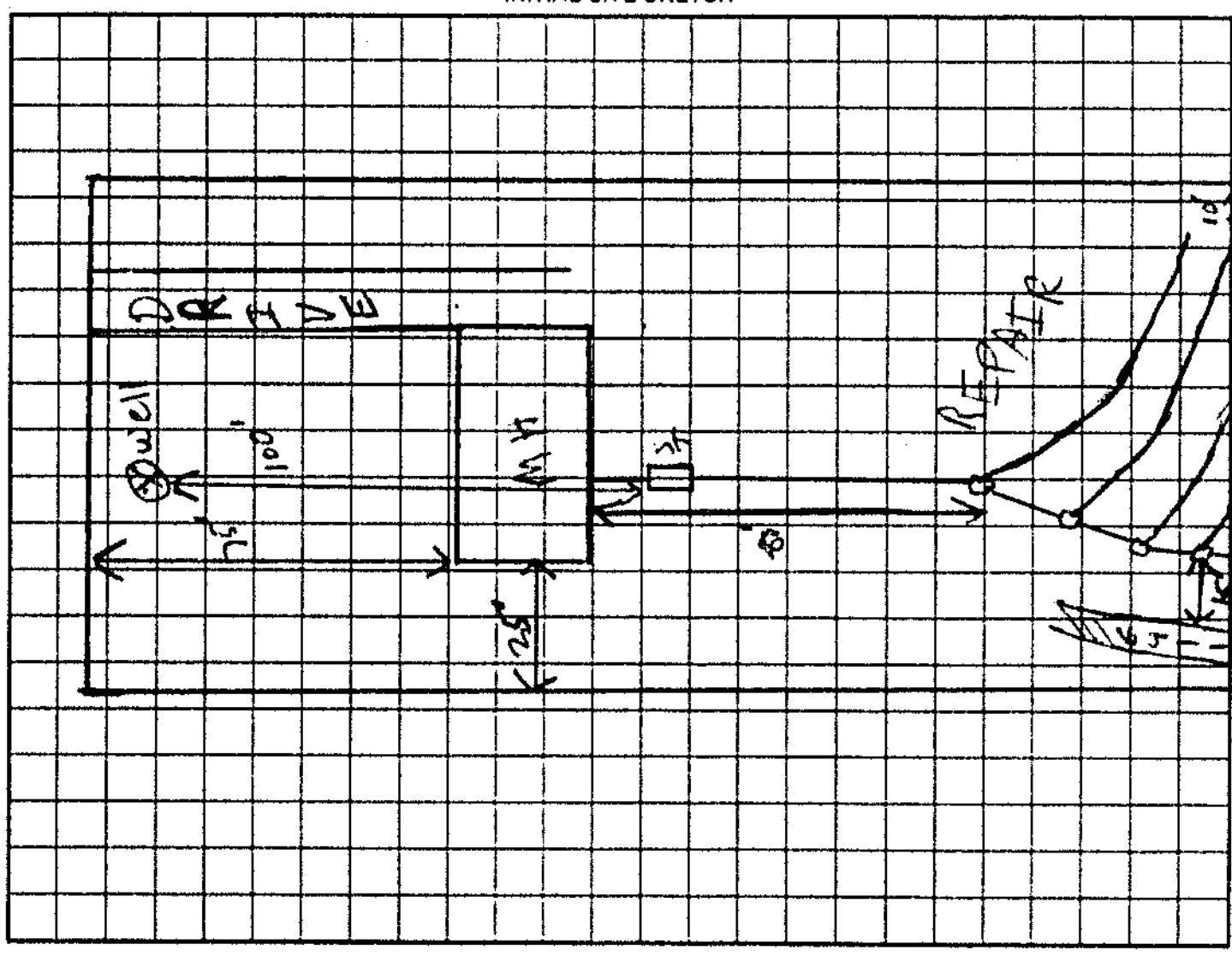
No. Bedrooms 3 No. Bathrooms 2 No. Employees ______

Water Supply: ☒ Individual ☐ Public ☐ Community

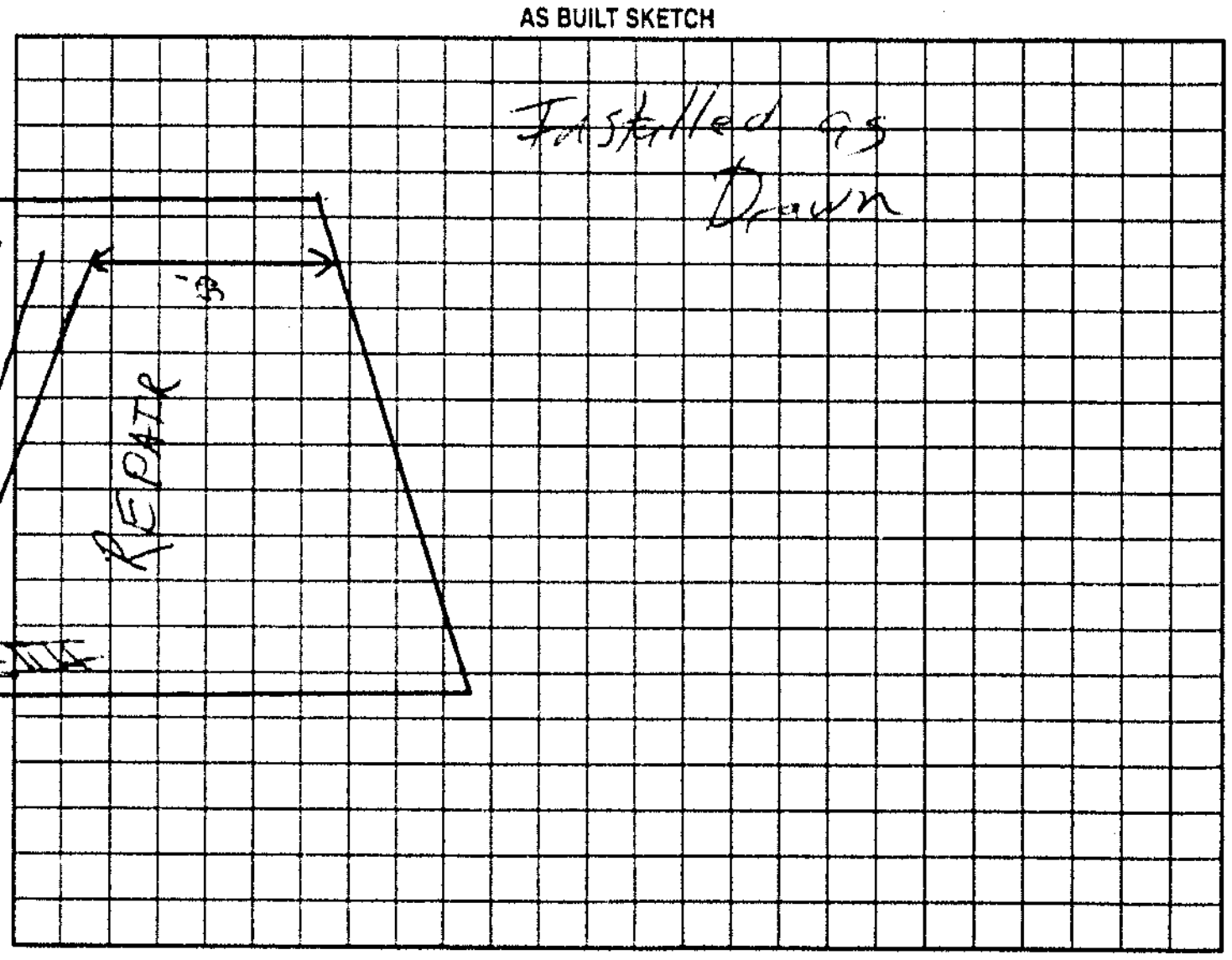
Comments:/Conditions: Keep well 100' From septic system

Comments:/Conditions: Filter 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: Steve Matias date 10/25/00 Installed by: Tucker Grading

Improvement Permit by: [signature] RSI date 10/24/00 Operation Permit by: [signature] RSI date 1/16/01

Authorization to Construct by: [signature] RSI date 10/24/00 Existing System Inspection by: ______ date ______

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