# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140748 PIN# 4676537762.002 4676-53-7462 DATE 3/13/07

OWNER OR APPLICANT ~~Lester~~ Mid-Atlantic Builders PHONE: Business _____ Home _____

ADDRESS ~~104 C Williamson Rd Mooresville 28115~~ PO Box 3792 Mooresville NC 28115

LOCATION Main St. (N) RT ~~on~~ Linwood, LT Tecter, RT on Walden, 2nd Lot on Right

SUBDIVISION Walden Ridge BLOCK / SECTION _____ LOT 2 LOT AREA ~1.00 Acre SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 4-17-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☐ Pressure

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity - 25% Red
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ___
☐ Business No. Employees ___
☐ Other _____

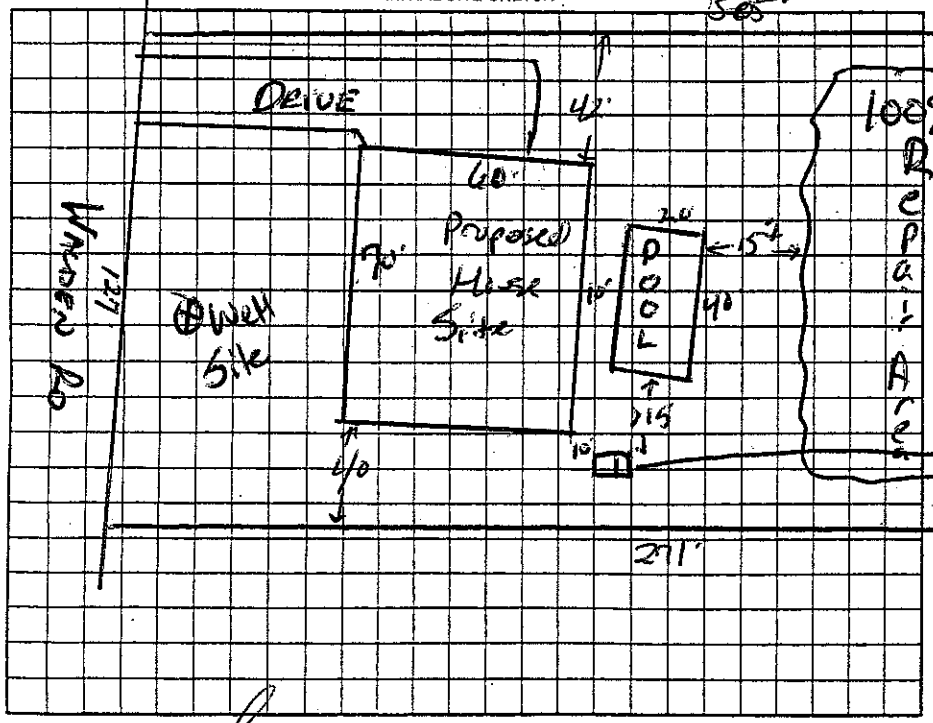
Water Supply: ☑ Individual ☐ Public ☐ Community

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

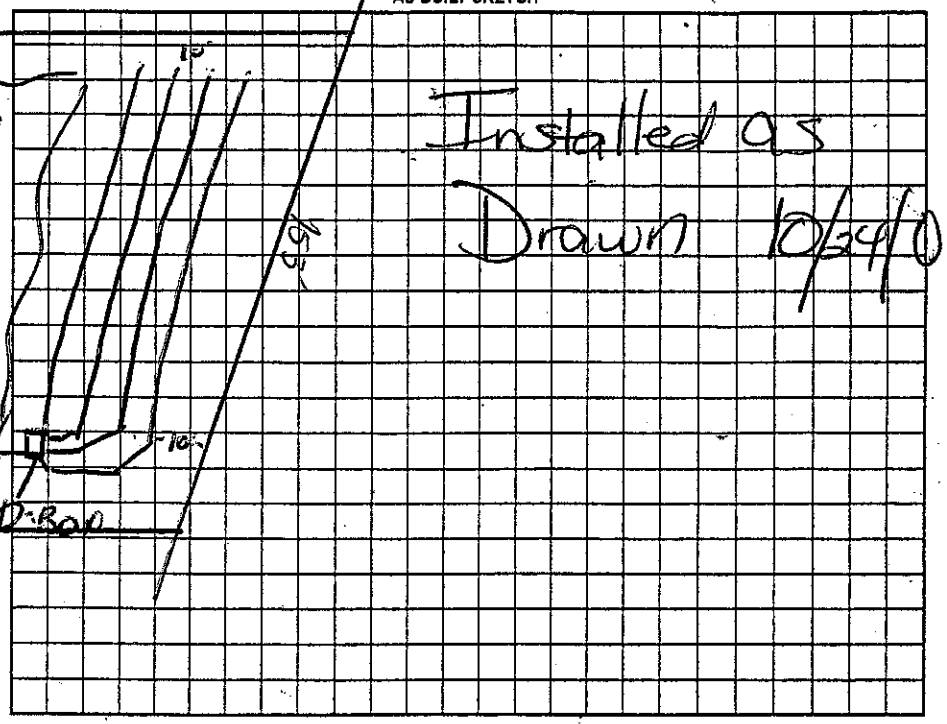
Comments/Conditions: Pool to be at minimum 15' from tanks, lines, supply, etc

Comments/Conditions: Installed Quick 4 w/ Built In Drop boxes

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: _____ date 3/14/07 Installed by: Craig Thompson RS

Improvement Permit by: _____ date 3/14/07 Operation Permit by: _____ date 10/24/07

Authorization to Construct by: _____ date 5-30-07 Existing System Inspection by: _____ date _____

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

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

PERMIT# 140748 PIN# 4676537762.002 4676-53-7462 DATE 3/13/07

OWNER OR APPLICANT [redacted] Mid-Atlantic Builders PHONE: Business Home

ADDRESS 109-E Williamson Rd Mooresville 28115 PO Box 3792 Mooresville NC 28115

LOCATION Main St. (N) RT on Linwood, LT Tester, RT on Walden, 2nd Lot on Right

SUBDIVISION Walden Ridge BLOCK / SECTION LOT 2 LOT AREA ~1.00 Acre SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .13

Septic Tank: 1000 Gallons: STB 1012 Date 4-17-01

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No. Fields Square Feet 1200 Linear Feet 1100

No. Lines 4@100' Trench Width 36" Max. Trench Bottom Depth 56" Gravel Depth N/A ☐ Gravity ☐ Pressure

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

System Description: Conv. 25% Red

Repair System Description: None

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 4 No. Persons No. Employees

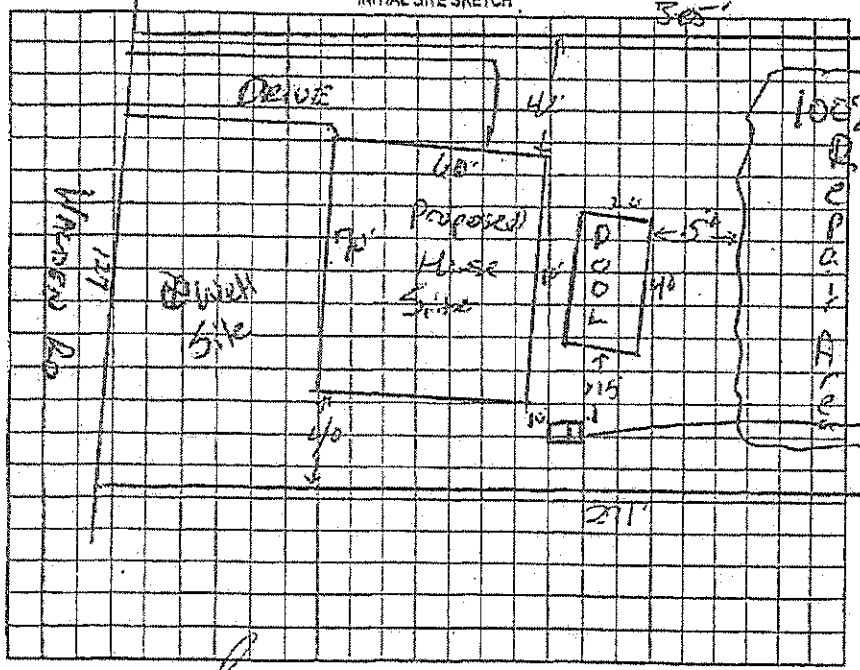
Water Supply: ☒ Individual ☐ Public ☐ Community

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

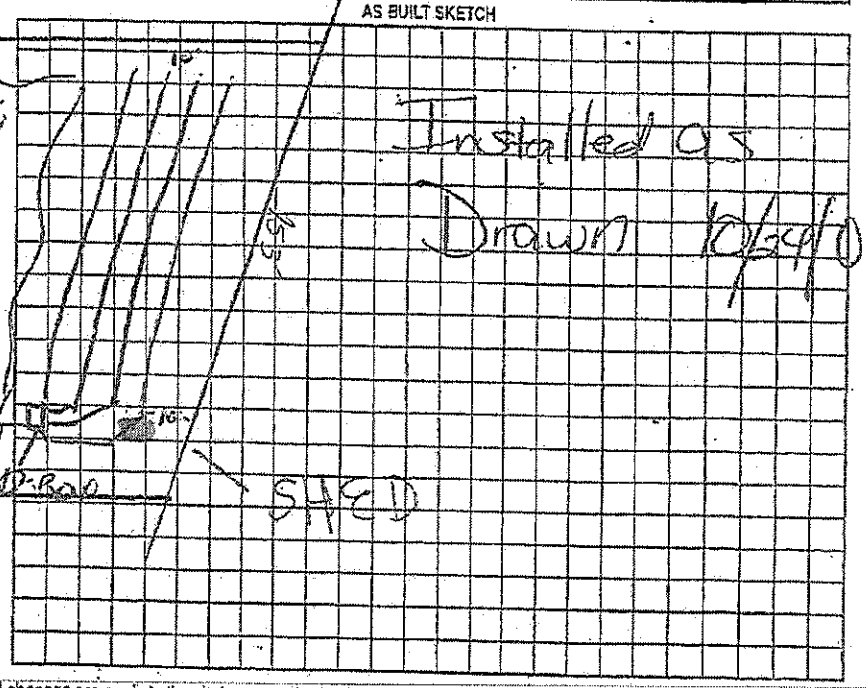
Comments/Conditions: Dead to be at minimum 15' from tanks, lines, supply, etc

Comments/Conditions: Installed Quick Flow Built In Drop Boxes

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: [signature] date 3/14/07

Improvement Permit by: [signature] date 3/14/07

Authorization to Construct by: [signature] date 5-30-07

Installed by: Craig Thompson RS

Operation Permit by: [signature] RS date 10/24/07

Existing System Inspection by: date

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