IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE April 17, 2006

PERMIT# 134567 PIN# 4676 62 1897 PHONE: Business 704 344-5944 Home

OWNER OR APPLICANT ~~Hewett Group LLC~~ Mid Atlantic Builders

ADDRESS 109-C Williamson Rd. Mooresville N.C. 28117

LOCATION Forward Rd.(S) to Teeter Rd. to R Walden Dr. R Manton at end

SUBDIVISION Walden Ridge BLOCK / SECTION LOT 7 LOT AREA 1AC SITE CLASS. 5 DESIGN FLOW 480gpd L.T.A.R. .35

Water Supply: ☒ Individual ☐ Public ☐ Community

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

No. Bedrooms 4 No. Persons ___ No. Employees ___

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

System Description: Gravity 25% Reduction

Repair System Description: LPP BPS

Maintenance Agreement Required: ☐ Yes ☒ No Initially

Gravel Depth N/A ☐ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Septic Tank: 1000 Gallons: STB 1012 Date 11/21/06

Pump Tank: ___ Gallons: PT ___ Date ___

Pump Make: ___ Model ___ Serial No. ___

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 36"

Comments:/Conditions:

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INITIAL SITE SKETCH

SEE Plan from Rollins Soil & Env Services

AS BUILT SKETCH

- yellow poly tank used
- Rock 4's

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: ___

Improvement Permit by: ___ date 4-24-06

Authorization to Construct by: ___ date 4-17-06

Installed by: Craig Thompson date 5-16-06

Operation Permit by: ___ date ___

Existing System Inspection by: ___ date 11-9-06

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