3:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136327 PIN# 4676-62-8181 DATE 7-26-06

OWNER OR APPLICANT IREDELL GROUP, LLC PHONE: Business 704-361-0415 Home 704-663-4050

ADDRESS 109-C WILLIAMSON ROAD MOORESVILLE NC 28117

LOCATION NC 152 E, TR TEETER ROAD, TL WALDEN DR, TR RIVERCHASE LANE, 4TH LOT ON (R) PAST WALNUT HILL COURT

SUBDIVISION WALDEN RIDGE BLOCK / SECTION ____ LOT 21 LOT AREA 1.0 ACRE SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPA/FT

Septic Tank: 1000 Gallons; STB 1012 Date 10-23-06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. 398

Nitrification Field: No Fields 1 Square Feet ERT 1600 Linear Feet 400

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% REDUCTION GRAVITY

Repair System Description: 50% REDUCTION, LOW-PRESSURE

Maintenance Agreement Required: ☑ Yes ☒ No

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

No. Bedrooms 4 No. Persons ____ No. Employees ____

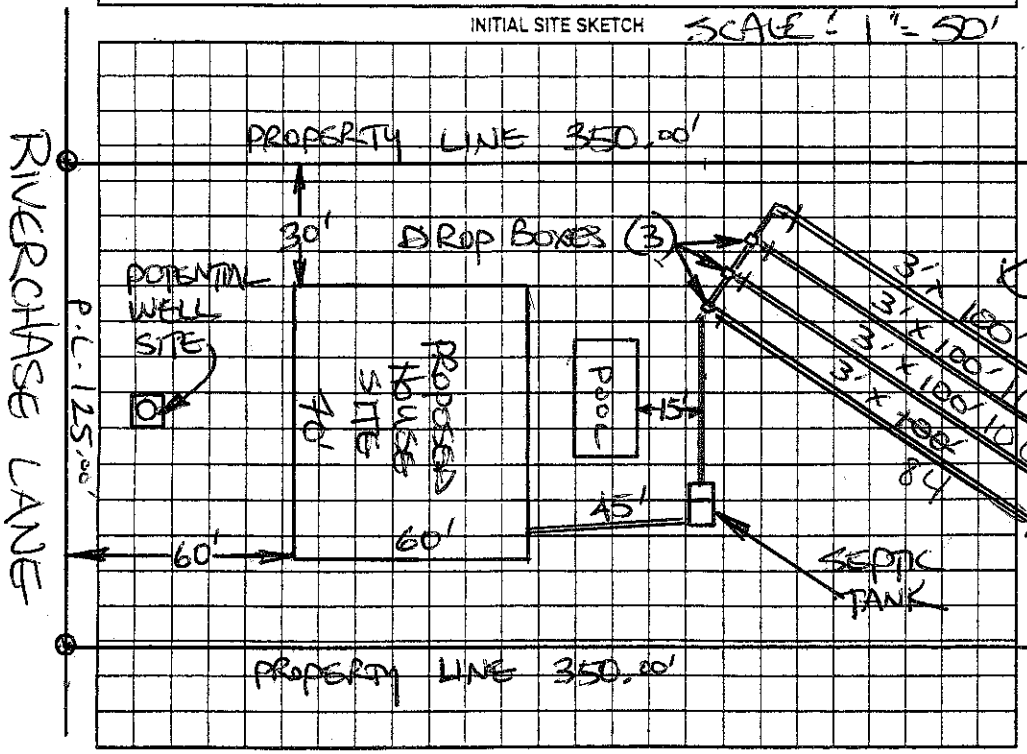
Water Supply: ☑ Individual ☐ Public ☐ Community

☑ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

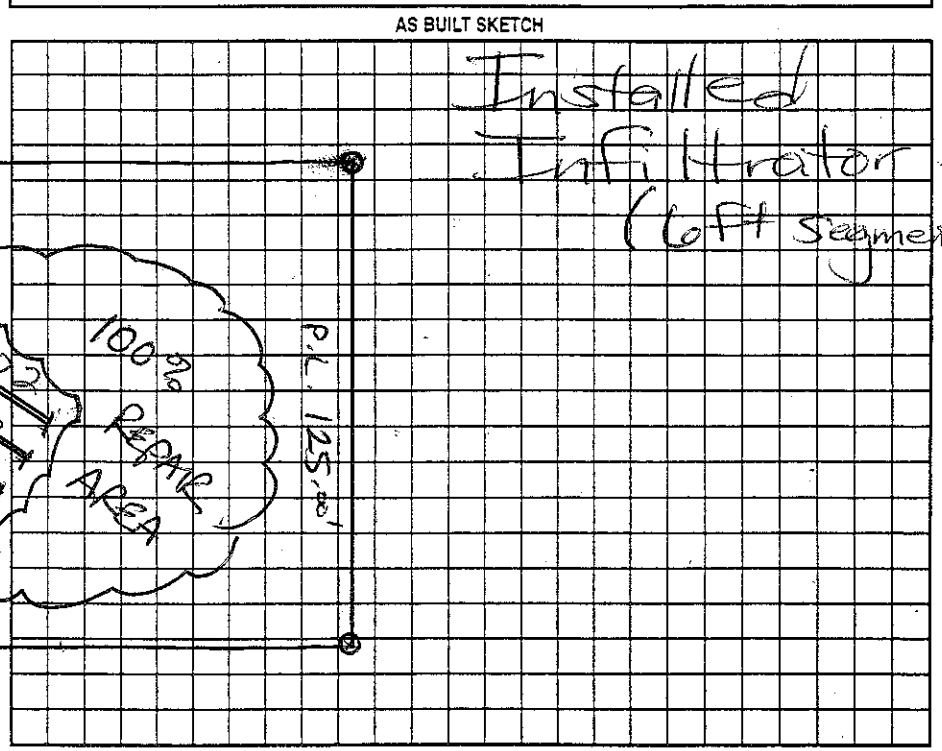
Comments:/Conditions: ① INSTALL 25% REDUCTION SYSTEM AS SHOWN, ON CONTOUR ② KEEP SYSTEM MINIMUM 100 FEET FROM WELL.

Comments:/Conditions: Remove last Chamber on 1st line to maintain 10ft Set back to PL

INITIAL SITE SKETCH SCALE: 1"=50'



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: Stacy Lutz date 8-1-06 Installed by: Craig Thompson RS

Improvement Permit by: STEVE HEDRICK date 7-26-06 Operation Permit by: Melissa H. Nelson date 5/9/07

Authorization to Construct by: Wesley Sparkes date 10/18/06 Existing System Inspection by: ____ date ____

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

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ___ Improvement Permit X Authorization To Construct ___BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: *Place check ( ) beside whichever is submitted if applicable*
X Survey Plat, Scaled no more than 1 Inch = 60 Feet
___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Mr. J-M Tuttle Custom Builders — P.O. Box 3792 — (704) 202-5568 —
Applicant Name — Mailing Address — Home Phone — Work Phone

— — Mooresville, NC — — —
Owner Name — Mailing Address — Home Phone — Work Phone

4. Property Information:

River Chase Ln — Walden Ridge — 21
Street Address — Subdivision Name — Section/Phase and Lot Number

Driving Directions: 150 E, Rt 152, Rt Teeter, Lt Walden Ridge, Rt Riverchase,

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5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

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6. Proposed Water Supply:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

7. Desired Septic System Type: *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional (X) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. Please Answer The Following To The Best of Your Ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/26/06
DATE