IREDELL COUNTY HEALTH DEPARTMENT

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

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

3:30

PERMIT# 136326 PIN# 4676 62 8293

OWNER OR APPLICANT Iredell Group LLC PHONE: Business _____ Home _____ DATE 7/11/06

ADDRESS 109-C Williamson Rd Mooresville NC 28117

LOCATION Linwood, TL Teeter, TR Walden Ridge, TR Riverchase on Rt.

SUBDIVISION Walden Ridge BLOCK / SECTION _____ LOT 20 LOT AREA 1.00 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 1012 Date 1/3/7

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Conventional Trench

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 12" ☒ Gravity ☐ Pressure

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

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

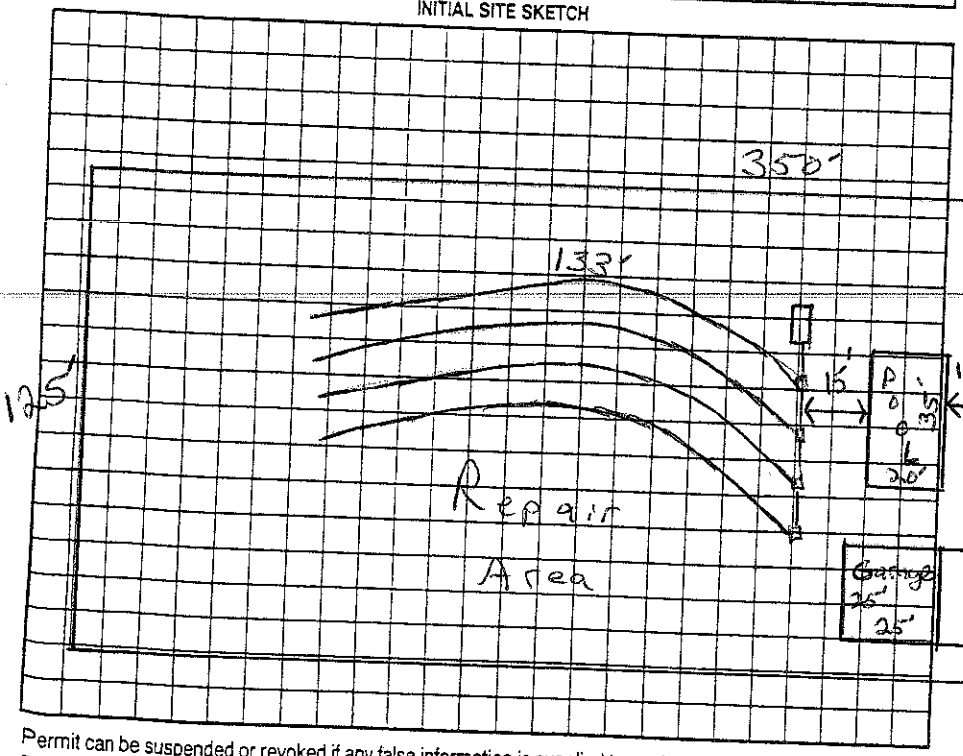
Water Supply: ☒ Individual ☐ Public ☐ Community

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

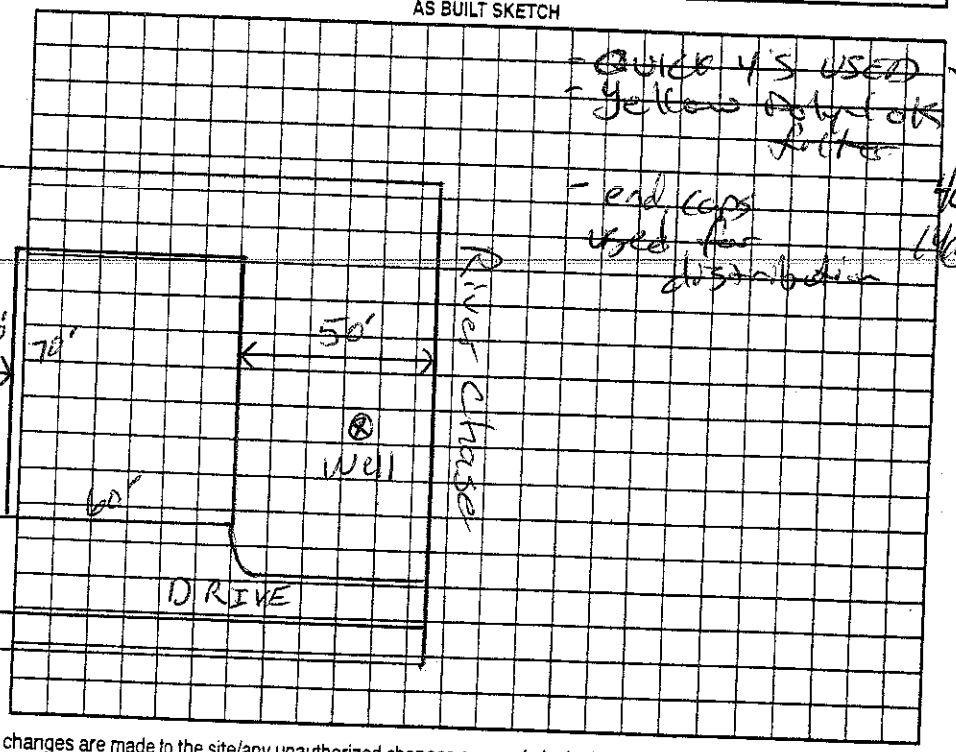
Comments:/Conditions: 4 @ 100

Comments:/Conditions:

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: Stacy Luze date 7-14-06

Improvement Permit by: RS date 7/11/06

Authorization to Construct by: Wesley Spellers RS. date 10/18/06

Installed by: CRAIG THOMPSON

Operation Permit by: John E Allen date 7/17/07

Existing System Inspection by: _____ date _____

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