IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13632S PIN# 4676629305 DATE 7/10/06

OWNER OR APPLICANT Iredell Group LLC PHONE: Business _____ Home _____

ADDRESS 109-C Williamson Rd Mooresville NC 28117

LOCATION N. Main, TR Linwood, TL Teeter, TR Walden Ridge, TR Riverchase, on RT

SUBDIVISION Walden Ridge BLOCK / SECTION _____ LOT 19 LOT AREA 1.00 Ac SITE CLASS. P5 DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3@133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

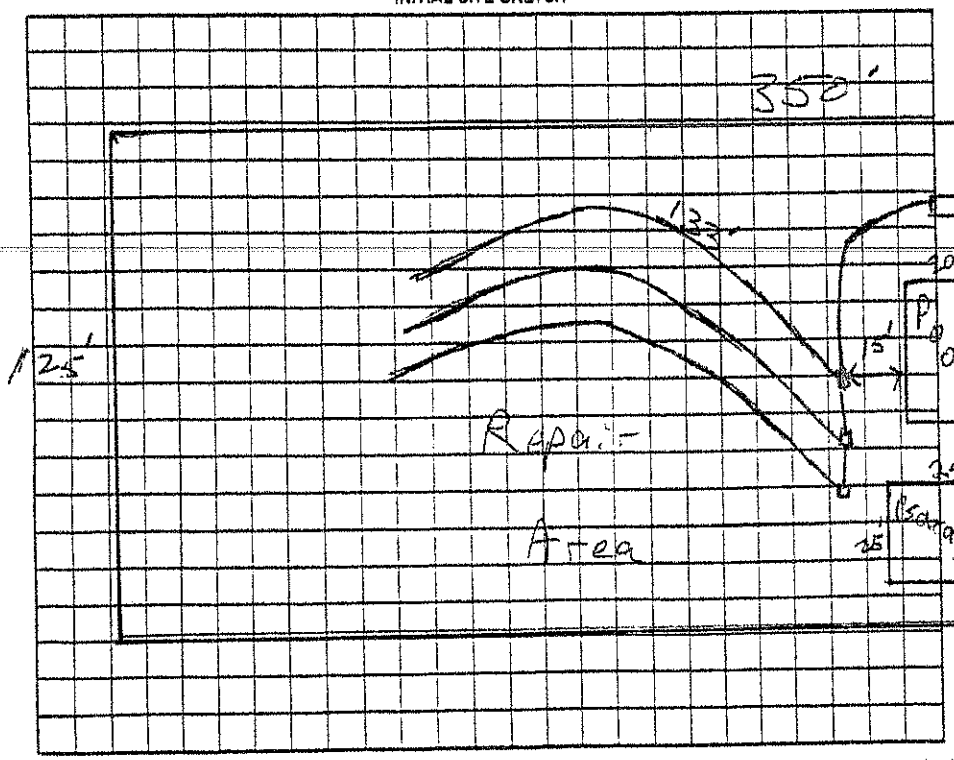
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

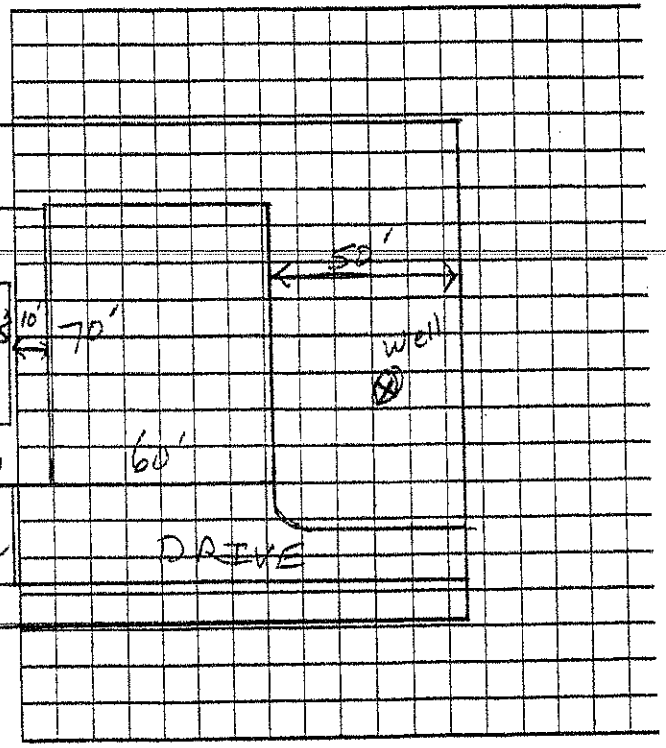
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



Improvement Permit Only - Do Not Issue Building Permit

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 Lusk date 7-14-06

Improvement Permit by: _____ RS date 7/10/06

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date _____

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