IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136324 PIN# 4676 62 2954 4676-62-9540 DATE 7/11/06

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

ADDRESS 109-C Williamson Rd Mooresville NC 28117

LOCATION Linwood, TL Teeter, TR Walden Ridge, TR River chase, on Rt

SUBDIVISION Walden Ridge BLOCK / SECTION _____ LOT 18 LOT AREA 1.00 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1012 Date 11-29-04
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" Gravel Depth 12" ☒ Gravity ☐ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: Conventional
Repair System Description: 25% Reduction
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

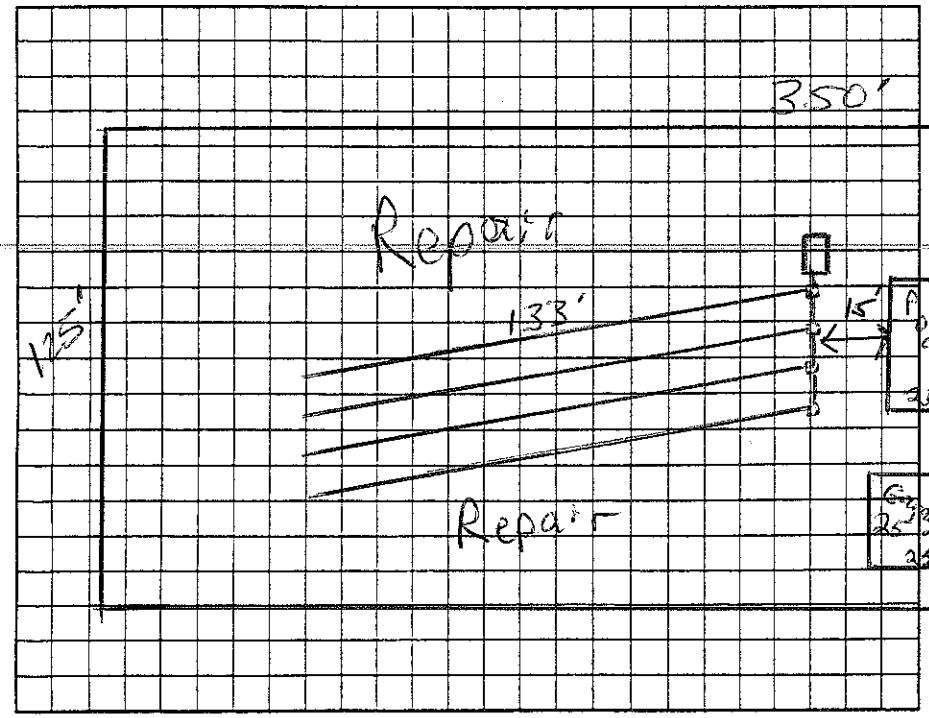
Comments:/Conditions:

1"=50'

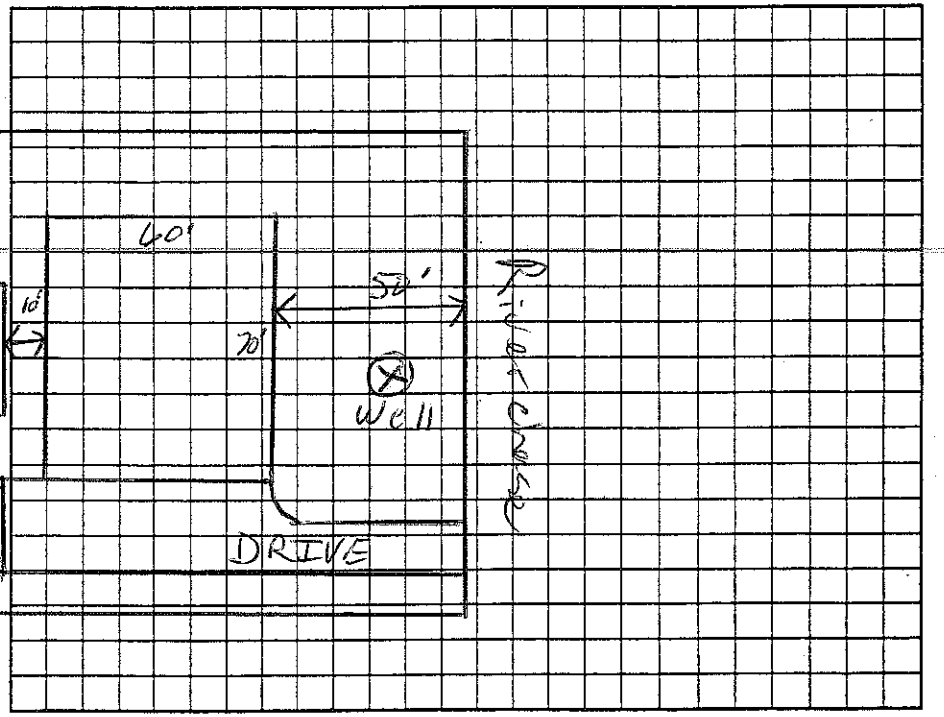
Comments:/Conditions:

- yellow poly lok used
- (3) @ 133' of Quick 45

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 Trust date 7-14-06 Installed by: Craig Thompson

Improvement Permit by: RS date 7/14/06 Operation Permit by: Apr E Alp date 5-15-07

Authorization to Construct by: RS date 10/18/06 Existing System Inspection by: _____ date _____

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