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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134600 PIN# 4676 63 8180 DATE 10/4/06

OWNER OR APPLICANT Mid-Atlantic Bldrs - Ray Short PHONE: Business _____ Home _____

ADDRESS _____

LOCATION _____

SUBDIVISION Walden Ridge BLOCK / SECTION _____ LOT 13 LOT AREA 1.00 Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .25 initial / .125 Repair

Septic Tank: 1000 Gallons; STB 794 Date 9-5-06
Pump Tank: 1000 Gallons; PT ~~794~~ Date 6-7-06
Pump Make: Gatds Model DE41M Serial No. _____
Nitrification Field: No. Fields 1 Square Feet 1500 Linear Feet 300
No Lines 5@100 Trench Width 36" Max Trench Bottom Depth 30"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: PM-25% Reduction LPP
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ___
☐ Business No. Employees ___
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

* Redraw Permit * Paid $100 (Ray Short)

Comments:/Conditions:

INITIAL SITE SKETCH

See New Plans on attached Sheet for Rollins Sept. & Env Services

AS BUILT SKETCH

- added one line (100') to achieve length for 25% Red.
- New L.O. w/ Rollins on 10/3/06

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: _____ date _____

Improvement Permit by: Jph E Auth date 10/4/06

Authorization to Construct by: Jph E Auth date 10/4/06

Installed by: Howards Backhoe

Operation Permit by: Jph E. Auth date 10/11/06

Existing System Inspection by: _____ date _____

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