10:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140391 PIN# 4676710554 DATE 10-26-07

OWNER OR APPLICANT Ray Short PHONE: Business 871-1894 Home

ADDRESS P.O. Box 3792 Mooresville, NC 28117

LOCATION Linwood Rd TL Teeter TR Walden TR Riverchase

SUBDIVISION Walden Ridge BLOCK / SECTION LOT 25 LOT AREA 1.434 Acre SITE CLASS PS DESIGN FLOW 450gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 5-8-07

Pump Tank: 1000 Gallons; PT 1117 Date 6-11-07

Pump Make Goulds Model WE0311M Serial No 1/3 HP

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

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure

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

System Description: Pump-PM-25% Reduction

Repair System Description: Pump-LP-Panel Blk

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Persons ___ No. Employees ___

Water Supply: ☒ Individual ☐ Public ☐ Community

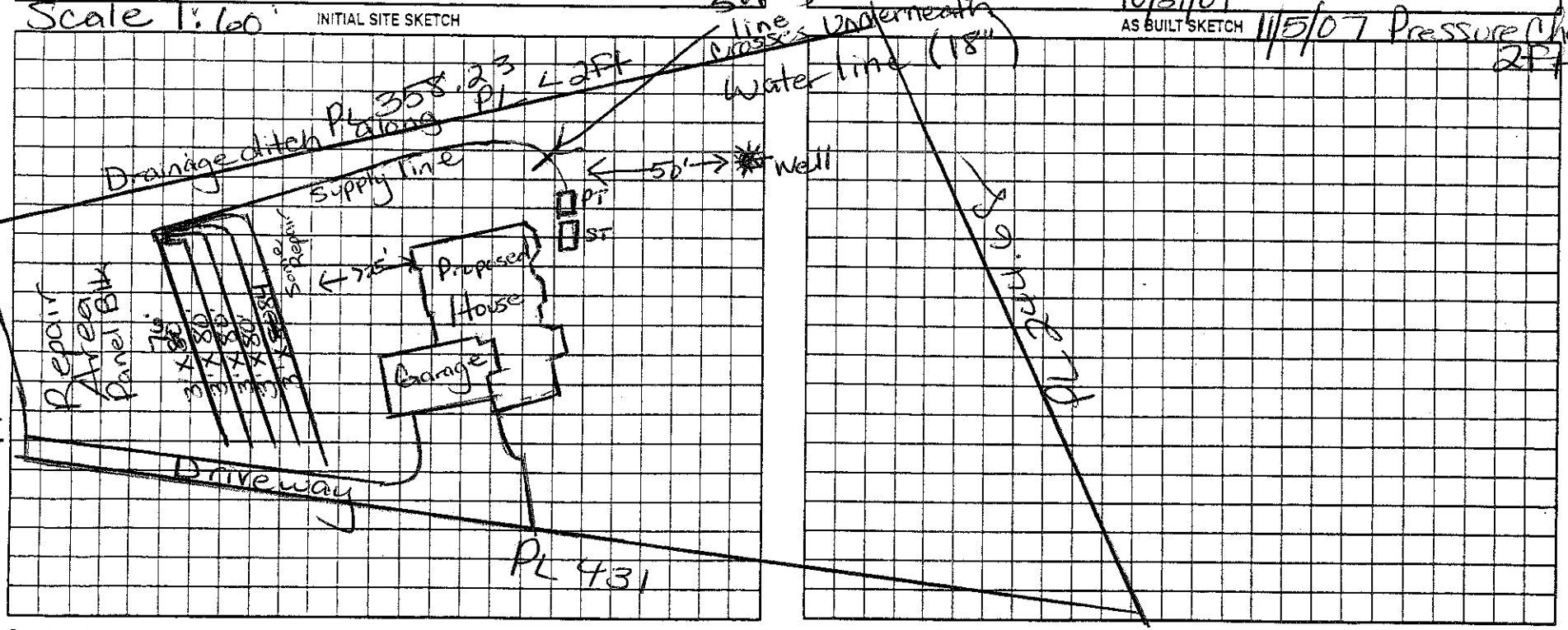
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Comments:/Conditions: Must keep Septic System at least 25ft from basement & keep tanks 10ft from water line.

Comments:/Conditions: Note: If water line crosses Sewage line, water line must be on top with 18" stable cover between, 10/31/07

Scale 1:60' INITIAL SITE SKETCH

AS BUILT SKETCH 11/5/07 Pressure Checked



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: [signature] RS date 10-26-07

Improvement Permit by: [signature] date 8/24/07

Authorization to Construct by: [signature] date 8/26/07

Installed by: Craig Thompson RS

Operation Permit by: [signature] date 11/8/07

Existing System Inspection by: ___ date ___

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