IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136333 PIN# 4676-71-3856 DATE 7-27-06

OWNER OR APPLICANT IREDELL GROUP, LLC C/O ATLANTIC PHONE: Business _____ Home 704-663-4050

ADDRESS 109-C WILLIAMSON RD, MOORESVILLE, NC 28117

LOCATION NC 152 E, TR TEETER RD, TL WALDEN DR, TR RIVERCHASE LANE, NEXT TO LAST ON LEFT

SUBDIVISION WALDEN RIDGE BLOCK / SECTION _____ LOT 37 LOT AREA 1.14 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 799 Date 3-19-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet _____

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 50% REDUCTION, LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Persons _____ No. Employees _____

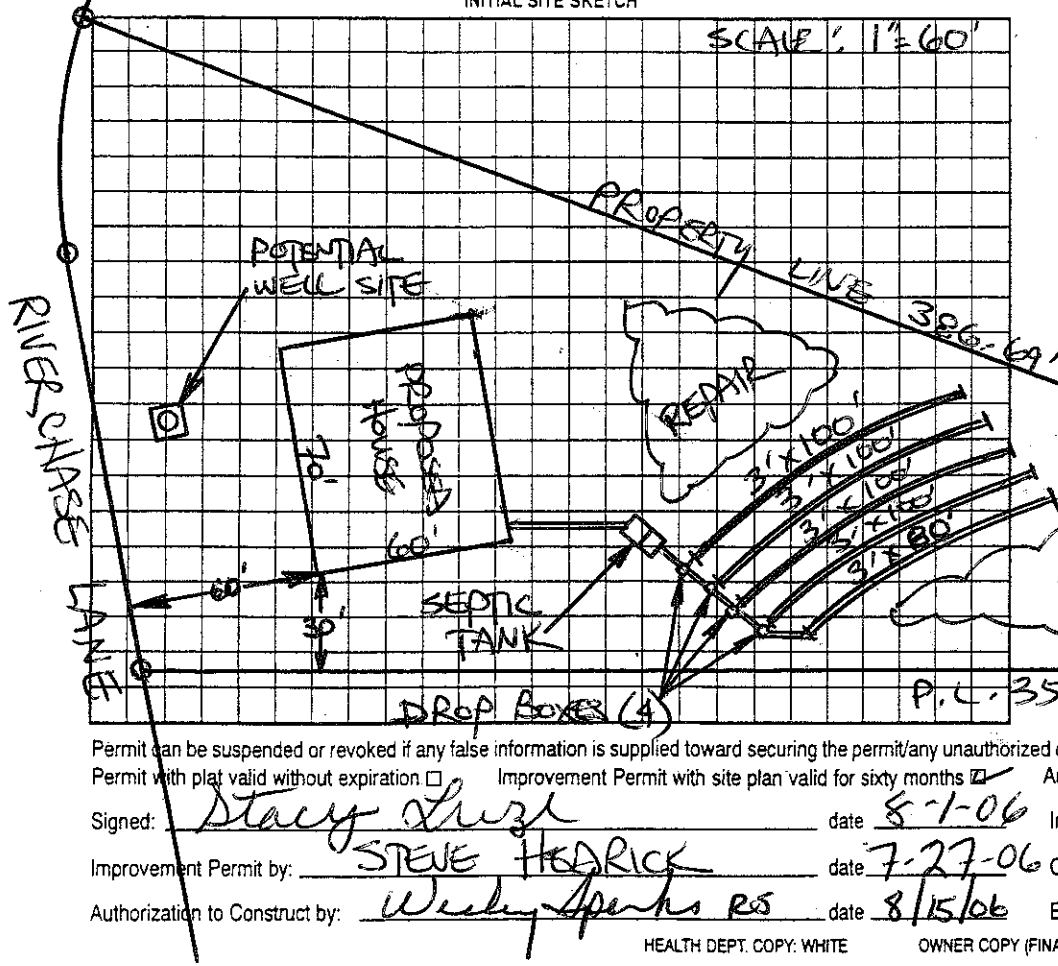
Water Supply: ☑ Individual ☐ Public ☐ Community

☐ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: ① KEEP SYSTEM MINIMUM 100' FROM WELL ② INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN

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 Lutz date 8-1-06 Installed by: Turnkey Septic

Improvement Permit by: STEVE HEDRICK date 7-27-06 Operation Permit by: [signature] date 4/25-07

Authorization to Construct by: Wesley Sparks RS date 8/15/06 Existing System Inspection by: _____ date _____

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