IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135586 PIN# 4676713906 DATE 5-26-06

OWNER OR APPLICANT ERA Knight Realty (Gina Compton)/TDTJ Builders PHONE: Business 704-663-4050 Home 704-400-2632 cell

ADDRESS 19701 W Catawba Ave Mooresville 28115 / 2345 Sloop Rd Mt Ulla 28125 phone 704-677-2943

LOCATION 115 N TR Main St TR Linwood TL Teeter TR Walden

SUBDIVISION Walden Ridge BLOCK / SECTION ____ LOT 38 LOT AREA 1.11 Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .13 gpd/ft²

Septic Tank: 1000 Gallons; STB 312 Date 8-28-07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: 25% reduction gravity

Repair System Description: 25% reduction pump

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ 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:

Set tank to allow for 1/8" per foot fall along supply line

Pool must be 15' + from ST & drainfield

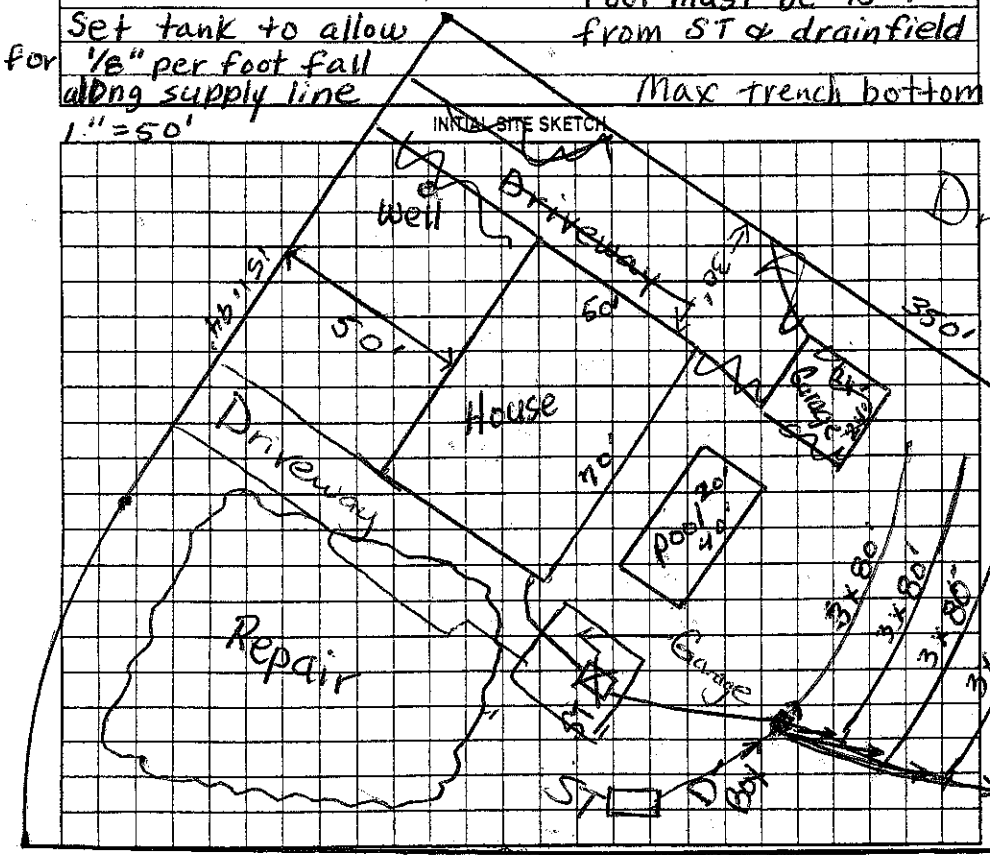
Max trench bottom 36"

Comments:/Conditions: Use "built in" drop boxes w/ Quick 4

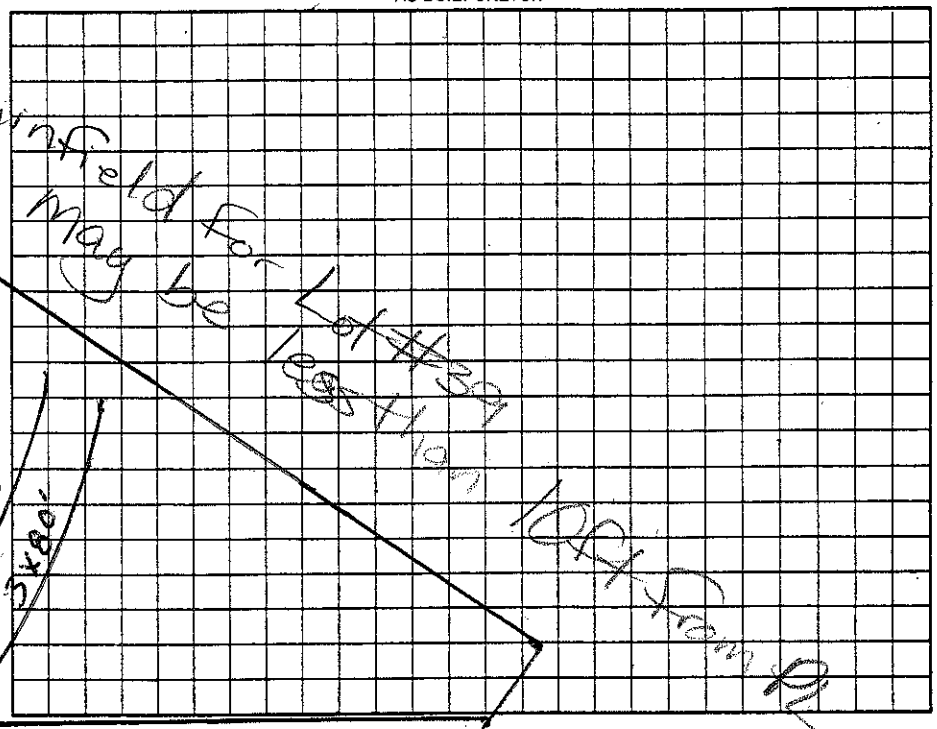
11/9/07 Drive on right of house

1"=50'

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: ____ date ____ Installed by: Larry Beam LRS

Improvement Permit by: Judy McNeill date 5-26-06 Operation Permit by: Maint. Tech date 11/9/07

Authorization to Construct by: Judy McNeill date 5-11-07 Existing System Inspection by: ____ date ____

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