IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135498 PIN# 4676715501

OWNER OR APPLICANT Kent Shaw DATE 9-12-07

ADDRESS PO Box 1061 Troutman NC. PHONE: Business 7045284494 Home 704-528-4421

LOCATION Main St N TR Linwood TL Teeter TR Walden TR Riverchase on right

SUBDIVISION Walden Ridge BLOCK / SECTION ____ LOT 29 & PT 28 LOT AREA 1.73 Ac. SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons: STB 1 of 2 Date 6/27/07

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 7 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 25% reduction gravity

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth NA ☒ Gravity ☐ Pressure

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

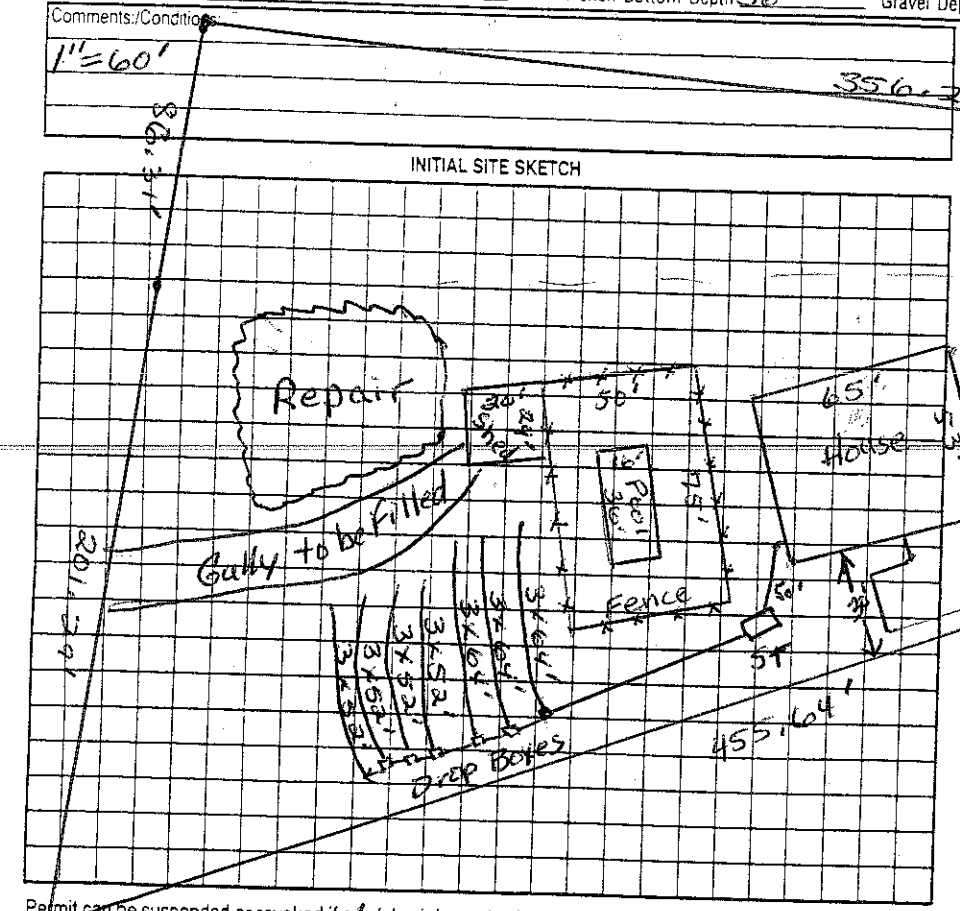
No. Bedrooms 4 No. Persons 8 No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

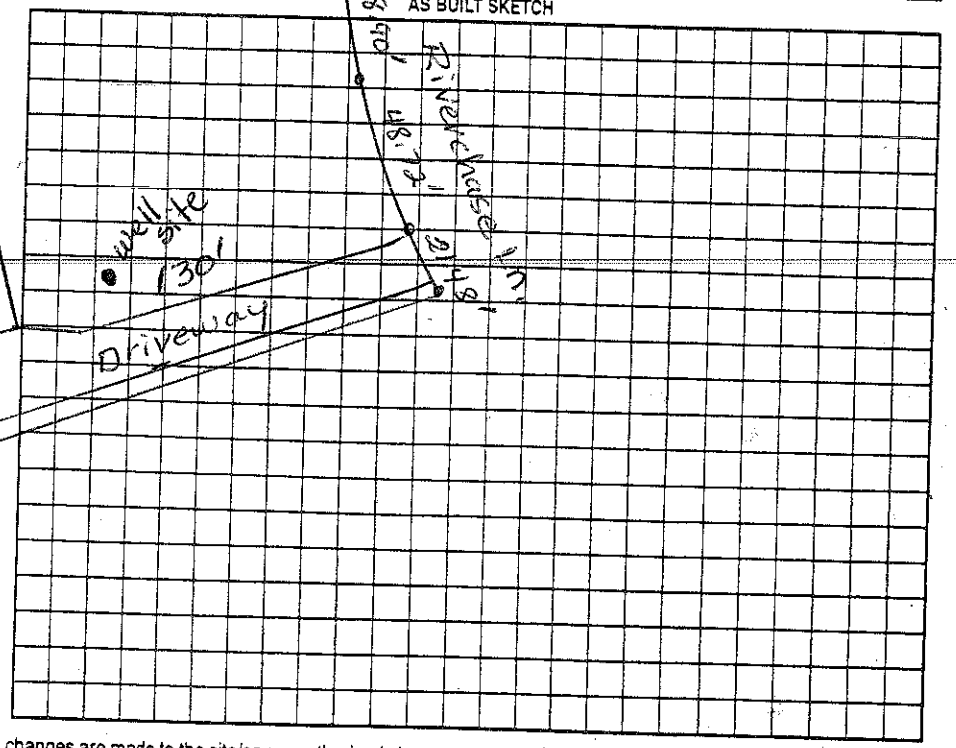
Comments:/Conditions: 1"=60'

INITIAL SITE SKETCH



Comments:/Conditions: Keep drainlines 5'± from filled gully

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 9-13-07 Installed by: Craig Thompson

Improvement Permit by: Judy Melville date 9-12-07 Operation Permit by: Wesley Sparks RS date 3/14/08

Authorization to Construct by: Judy Melville date 9-12-07 Existing System Inspection by: ____ date ____

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