Site Address: 206 Riverchase Ln.

Pool Permit 2005-90
Renovation Permit 2113848

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135849 PIN# 4676718451 DATE 6-27-06

OWNER OR APPLICANT ~~Patricia Sink~~ Chip Leonard PHONE: Business 704-655-0179 Home 704-575-0630

ADDRESS 345 Northwest Dr Davidson 28036

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

SUBDIVISION Walden Ridge BLOCK / SECTION ____ LOT 31 LOT AREA 1.461 SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .13gpd/ft²

Septic Tank: ~~1000~~ 1500 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. 500

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

No Lines ~~4~~ 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA ☒ Gravity ☐ Pressure

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

System Description: 25% reduction gravity

Repair System Description: 25% reduction gravity

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms ~~4~~ 5 No. Persons 8 No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

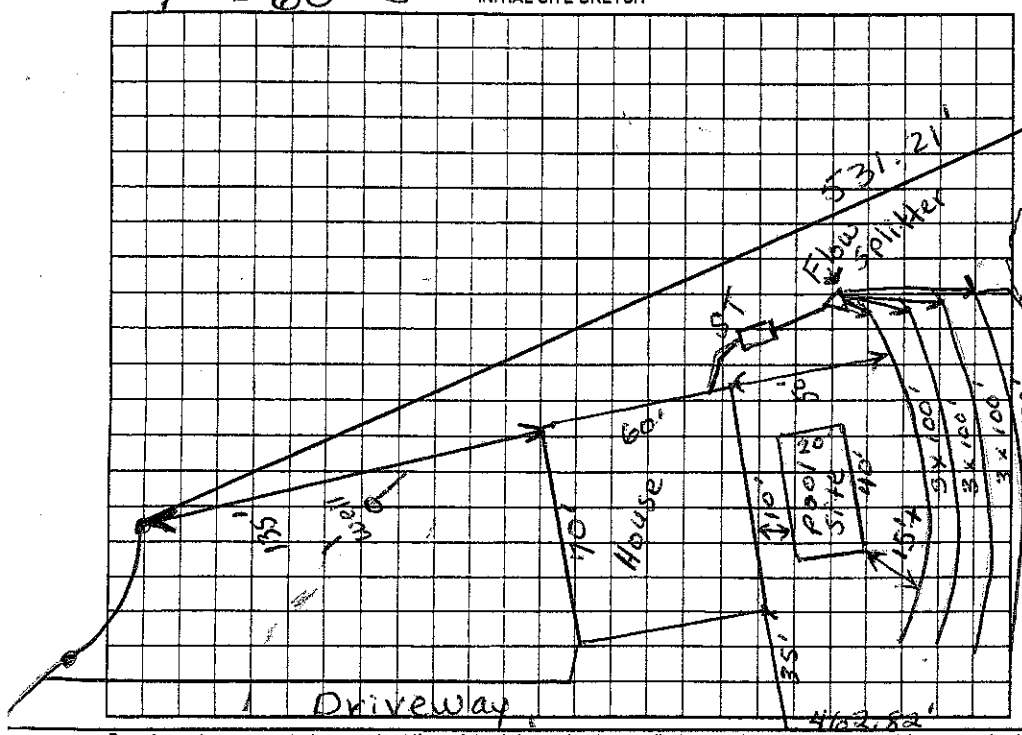
Comments:/Conditions: Install Effluent Splitter such as Zoeller

8/15/2011 Upgrading to 5 Bedroom therefore 1500g ST & 500 ft Drainline

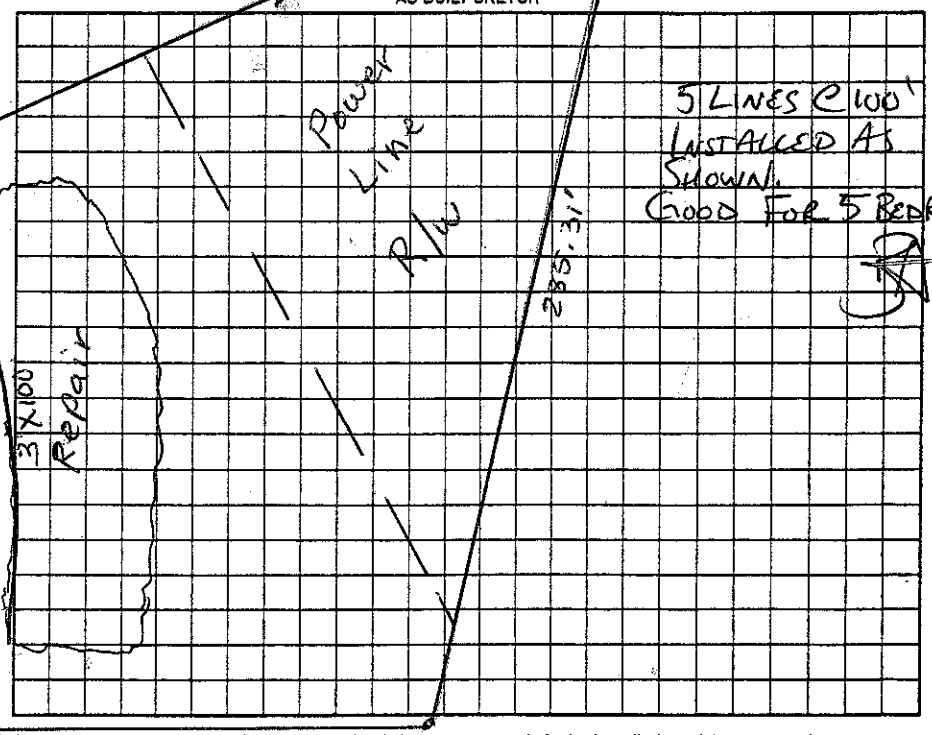
Comments:/Conditions: 8/15/11 Reviewed Site plans & floor plans. Okay for revised permit

1" = 60'

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: Pat W. Nix date 7-14-06 Installed by: Abernathy

Improvement Permit by: Judy Melville date 6-27-06 Operation Permit by: [signature] date ?/2015

Authorization to Construct by: [signature] date 8/15/11 Existing System Inspection by: ____ date ____

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