IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 6/5/06

PERMIT# 135598 PIN# 4676 72 2722

OWNER OR APPLICANT Alan & Sharon Sulek PHONE: Business _____ Home _____

ADDRESS 215 Bradford Glen Dr. Mooresville NC 28115

LOCATION N. Main, TR Linwood, TL Tecter TR Walden Ridge TR Riverchase, TL Walnut Hill, on Lt

SUBDIVISION Walden Ridge BLOCK / SECTION _____ LOT 47 LOT AREA 1.02 Ac SITE CLASS. PS DESIGN FLOW 450 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 794 Date 3-5-06

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 or 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ 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

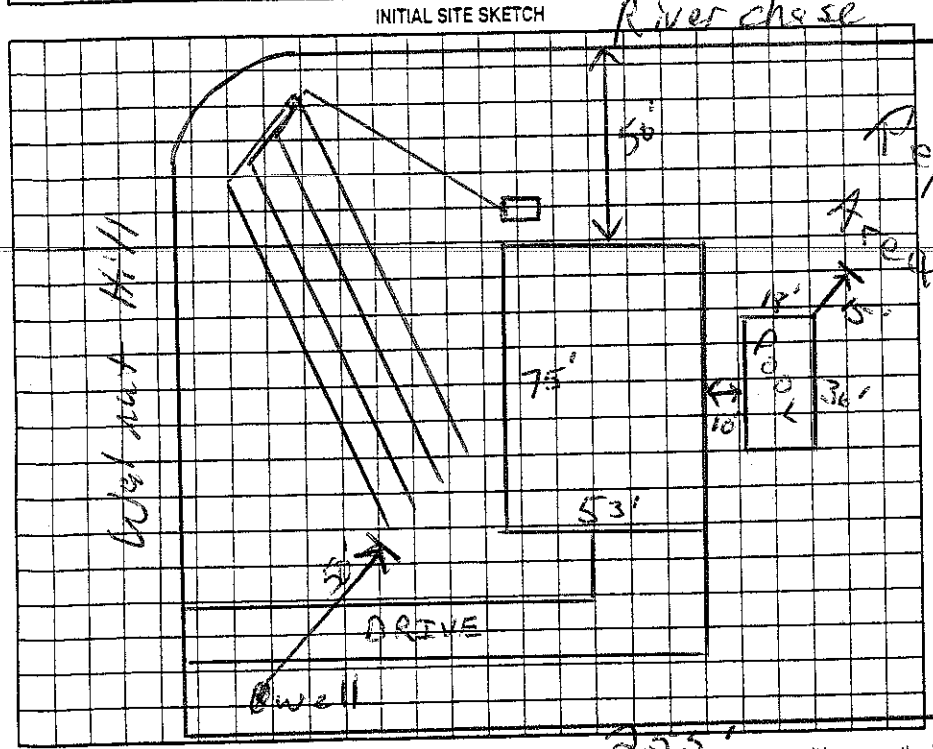
Comments/Conditions: House is 85' From Front Prop. Line

1" = 50'

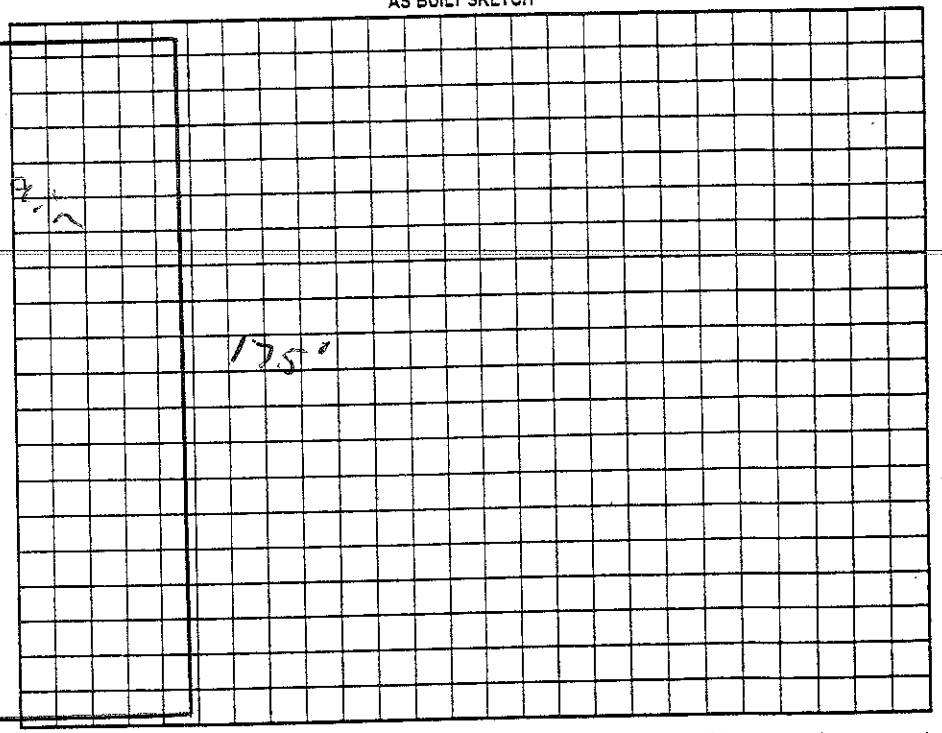
Comments/Conditions: Note: Okay to do with "built in" drop boxes off Quick 4

Checked ST @ 4 of 5 lines (Quick 4

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: Sharon C. Sulek date 6-21-06

Improvement Permit by: _____ RS date 6/5/06

Authorization to Construct by: _____ RS date 6/5/06

Installed by: Curt Dunnings RS

Operation Permit by: _____ date 4/25/07

Existing System Inspection by: _____ date _____

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