IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13977 PIN# 4676728117 4676-72-6275 DATE Dec. 15, 2005

OWNER OR APPLICANT Iredell Group LLC / Mid Atlantic Builders PHONE: Business _____ Home _____

ADDRESS 109-C Williamson Rd, Mooresville, N.C. 28117

LOCATION Longwood Cir Turn on Tootsie Rd. TR Walden Dr. TR Riverchase Tr Walnut Hill on Right

SUBDIVISION Walden Ridge BLOCK / SECTION _____ LOT 43 LOT AREA 5.12 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .53

Septic Tank: 1000 Gallons; STB 1012 Date 2-20-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4@100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: Gravity 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

Initial site evaluation and system design performed by Rollins Soil & Env. Services

Comments:/Conditions:

INITIAL SITE SKETCH

SEE Plan from Rollins Soil & Env. Services

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: Gina Compton date 12-19-05 Installed by: Craig Thompson

Improvement Permit by: _____, RS date 12-15-05 Operation Permit by: _____ date 4-21-06

Authorization to Construct by: _____, RS date 12/27/06 Existing System Inspection by: _____ date _____

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