IREDELL COUNTY HEALTH DEPARTMENT

4627803815 PL 50.00 10/00

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

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

PERMIT# 8032 PIN# ~~4627890144~~ PT

OWNER OR CONTRACTOR SHAVENDERS DEV. GROUP RAY SHORT PHONE: Business 469-4738 Home DATE 5/26/99

ADDRESS 1143-D EXECUTIVE CIRCLE - CARY NC 27511

LOCATION BRAWLEY SCHOOL - TR BLUME - TL BEATEN PATH - TL BEATEN PATH AGAIN - ON LT NEAR END

SUBDIVISION SHAVENDERS BLUFF BLOCK / SECTION ____ LOT 62 LOT AREA .74AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 10/11/02

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description GRAVITY 25% REDUCTION

Repair System Description: PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

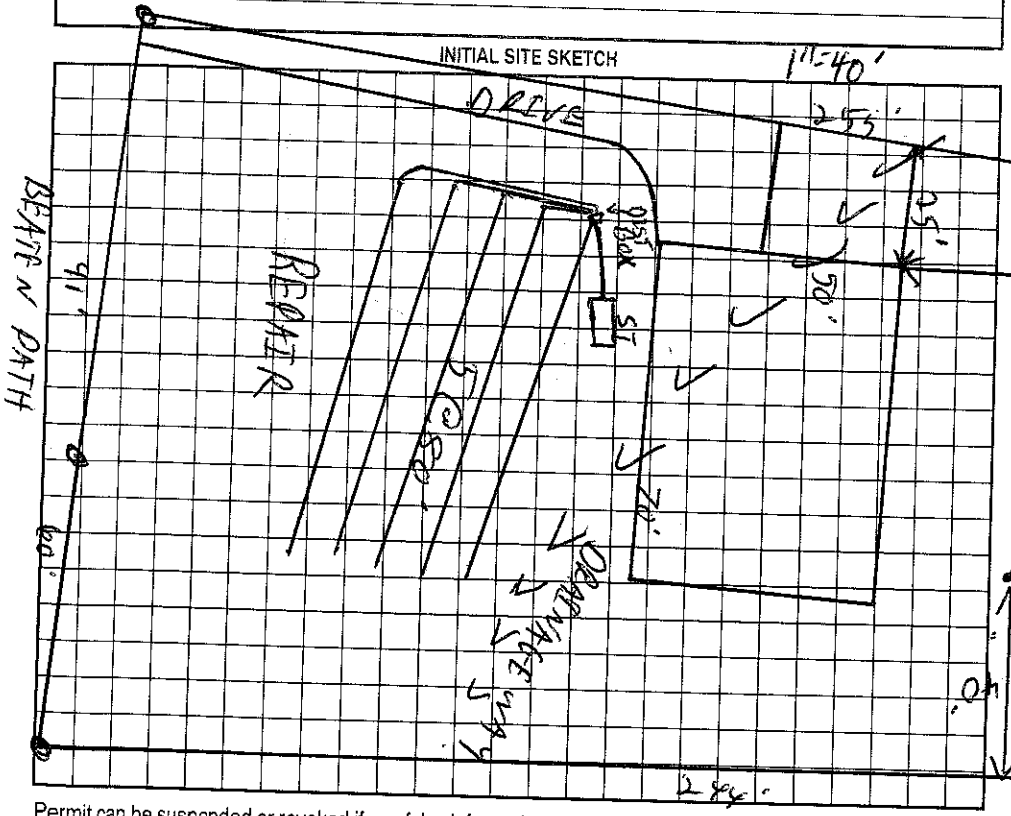
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

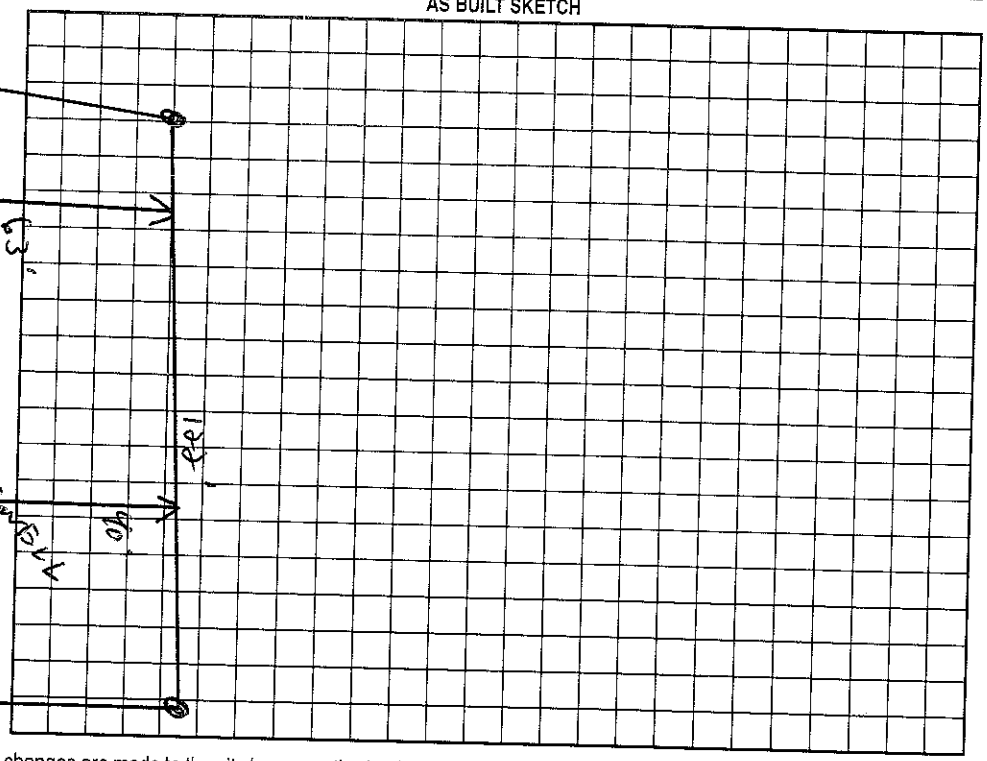
Comments:/Conditions:

Comments:/Conditions:

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: Thomas A Sullivan date 6/7/99 Installed by: Howard

Improvement Permit by: ____ RS date 5/26/99 Operation Permit by: ____ RS date 12/27/02

Authorization to Construct by: ____ RS date 8/23/02 Existing System Inspection by: ____ date ____

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