IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 094670 PIN# ~~4627881410 PT~~ 4627-80-5954 DATE 5/24/02

OWNER OR CONTRACTOR SHAVENDER DEV. GROUP PHONE: Business _____ Home _____

ADDRESS 1430 EXECUTIVE CIRCLE CARY NC 27511

LOCATION BRAWLEY SCHOOL - TR BLUME - TL BEATEN PATH - TL CICERO - TL SHAVENDER'S - TO BATH CREEK-ON LT

SUBDIVISION SHAVENDER'S BLUFF BLOCK / SECTION 2-F LOT 109 LOT AREA .79AC SITE CLASS. PS DESIGN FLOW ~~440~~ 360 L.T.A.R. ~.3 GPD/FT

Septic Tank: 1000 Gallons; STB 794 Date 6/16/02

Pump Tank: 1000 Gallons; PT 27 Date 7/28/02

Pump Make: MYERS Model ME3E-11 Serial No. 26229D00

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 300

No Lines 5@60' Trench Width 24"min. Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I. II. III (IV.) V. VI

System Description: LP PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4/4

☐ Mobile Home No. Bathrooms ___

☐ Business No. Employees ___

☐ Other ___

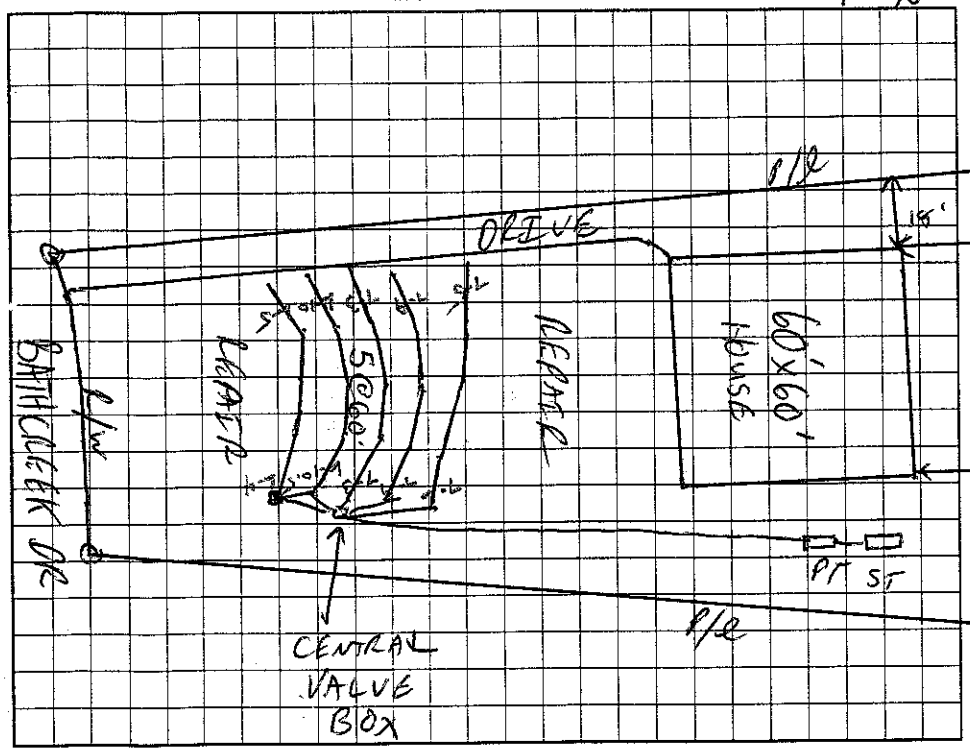
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ~~☑ Individual~~ ☐ Public ☐ Community

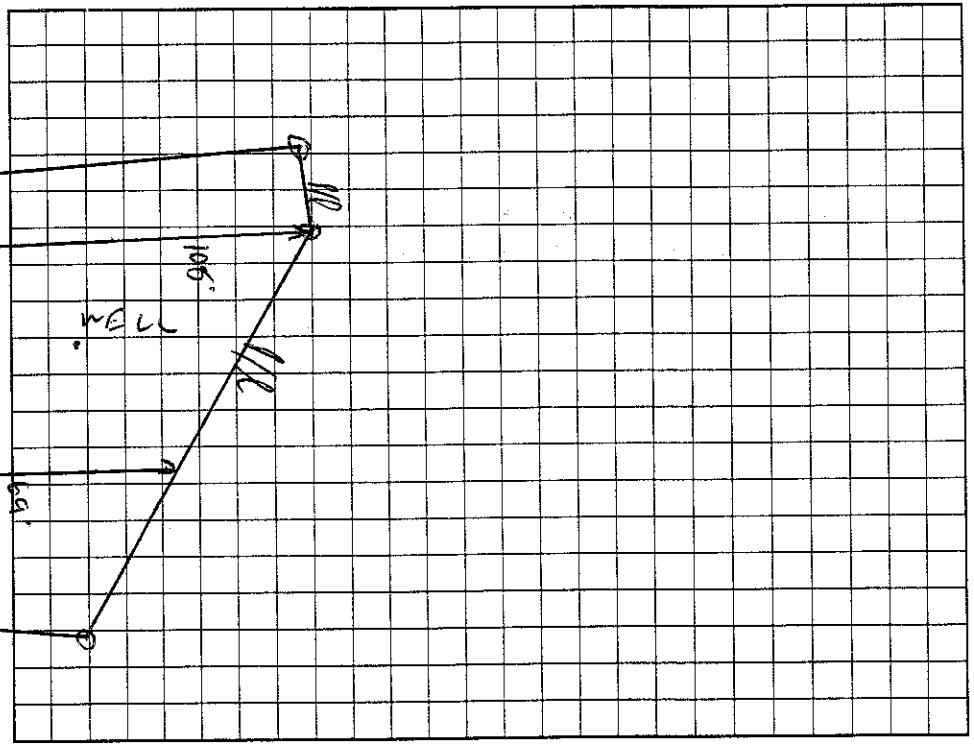
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



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 5/31/02 Installed by: Tim Commons

Improvement Permit by: _____ RS date 5/24/02 Operation Permit by: Wesley Sparks RS. date 11/20/02

Authorization to Construct by: _____ RS date 5/24/02 Existing System Inspection by: _____ date _____

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