IREDELL COUNTY HEALTH DEPARTMENT

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

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

3:30

PERMIT# 81038 PIN# ~~4627 75 9014 AT~~ 4627809712

OWNER OR CONTRACTOR SHAVENDERS DEV. / EDWARDS CONSTRUCTION PHONE: Business _____ Home 469-4735 DATE 6/3/99

ADDRESS 1143-D EXECUTIVE CIRCLE CARY NC 27511

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

SUBDIVISION SHAVENDERS BLUFF BLOCK / SECTION _____ LOT 65 LOT AREA .77AC SITE CLASS. 03 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 8/12/03

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 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 No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

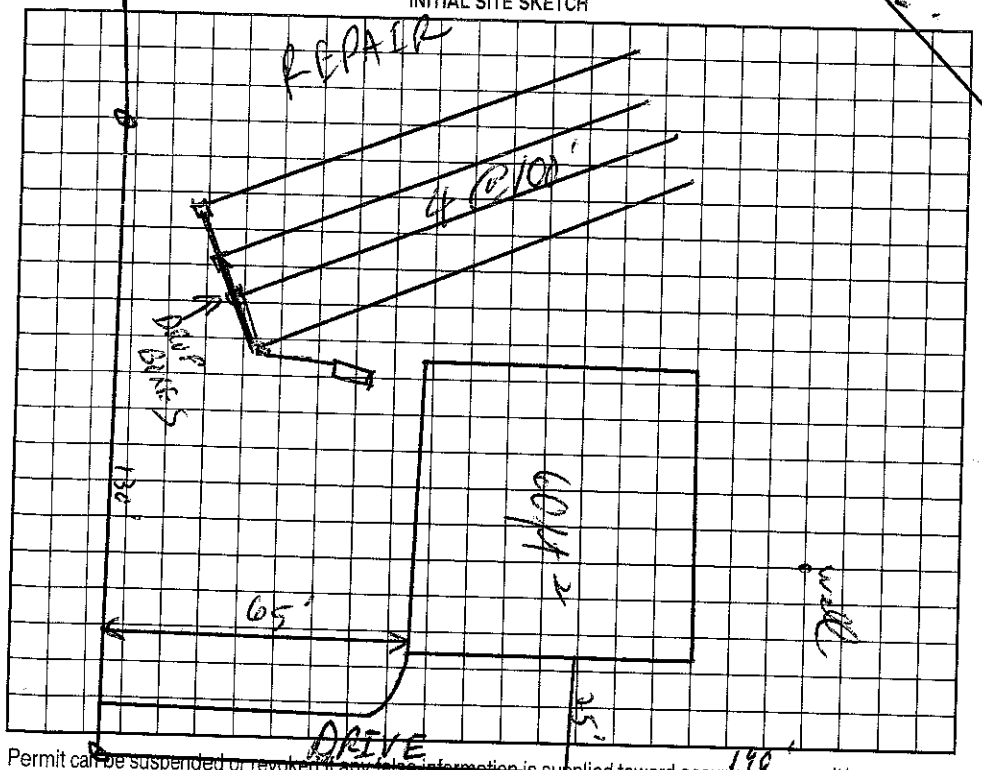
☐ Other _____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: 141'

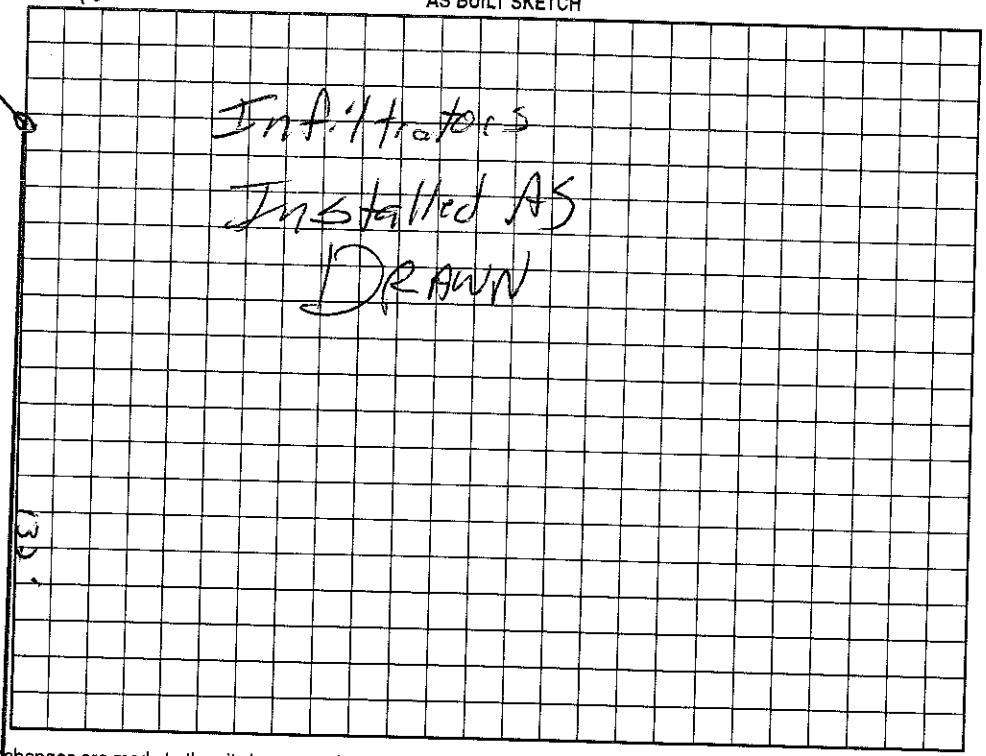
INITIAL SITE SKETCH



Comments:/Conditions:

1"=40'

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 6/3/99

Improvement Permit by: C. Hyatt RS date 6/3/99

Authorization to Construct by: C. Hyatt RS date 3/6/03

Installed by: Marty Tucker

Operation Permit by: _____ RS date 9/25/03

Existing System Inspection by: _____ date _____

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