# IREDELL COUNTY HEALTH DEPARTMENT

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

## IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECT

PERMIT# 94685 PIN# ~~4677819108~~ PT 4627817159 DATE 6/14/01

OWNER OR CONTRACTOR SHAVENDERS DEV GROUP / PLATINUM DEV. PHONE: Business 919-469-4738 Home

ADDRESS 1143 O EXECUTIVE DR. CARY NC 27511

LOCATION BRAWLEY SCHOOL - TR BLUME - TL BEATEN PATH - TL CICERO - TL SHAVENDERS - TR BATH. ONRT

SUBDIVISION SHAVENDERS BLUFF BLOCK / SECTION 20 LOT 120 LOT AREA .77AC SITE CLASS RS DESIGN FLOW 480GPD L.T.A.R. .3600/E2

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: @100' Model Serial No.

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

No Lines ~~3@133'~~ Trench Width 36" (3') Max Trench Bottom Depth 36" (3') Gravel Depth N/A

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

System Description: GRAVITY 2500 REDUCTION

Repair System Description: LP 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

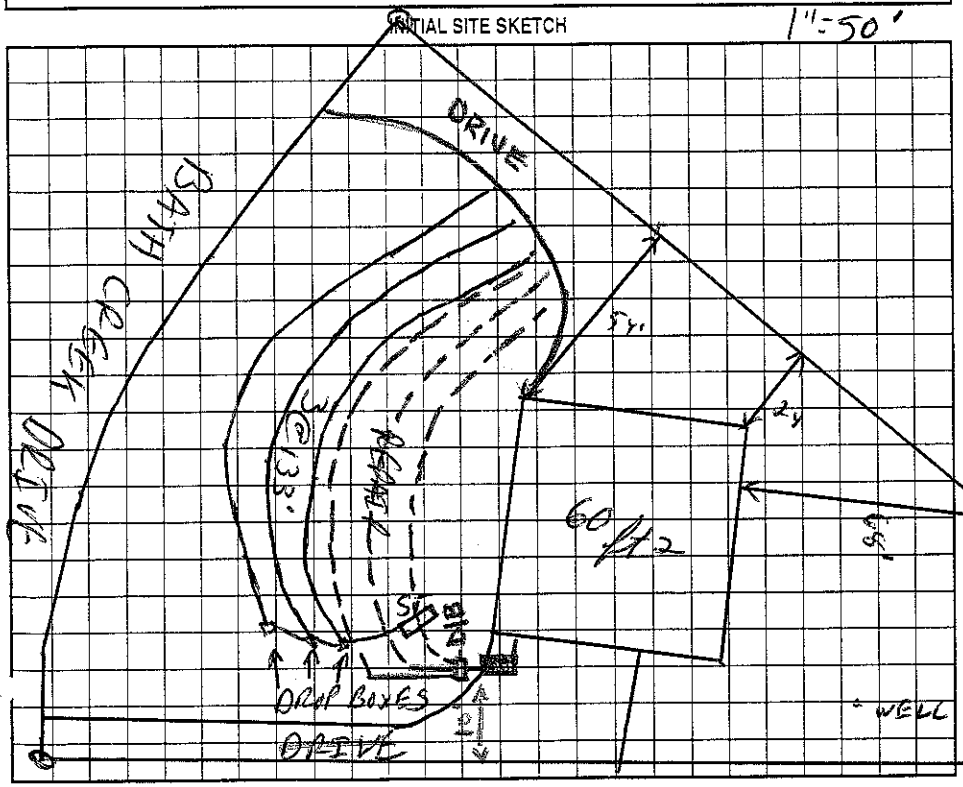
Comments:/Conditions: 1) DRIVE MAY BE TO OTHER SIDE

1/28/02 - AGREED ONSITE TO INSTALL CSF 9/10/01

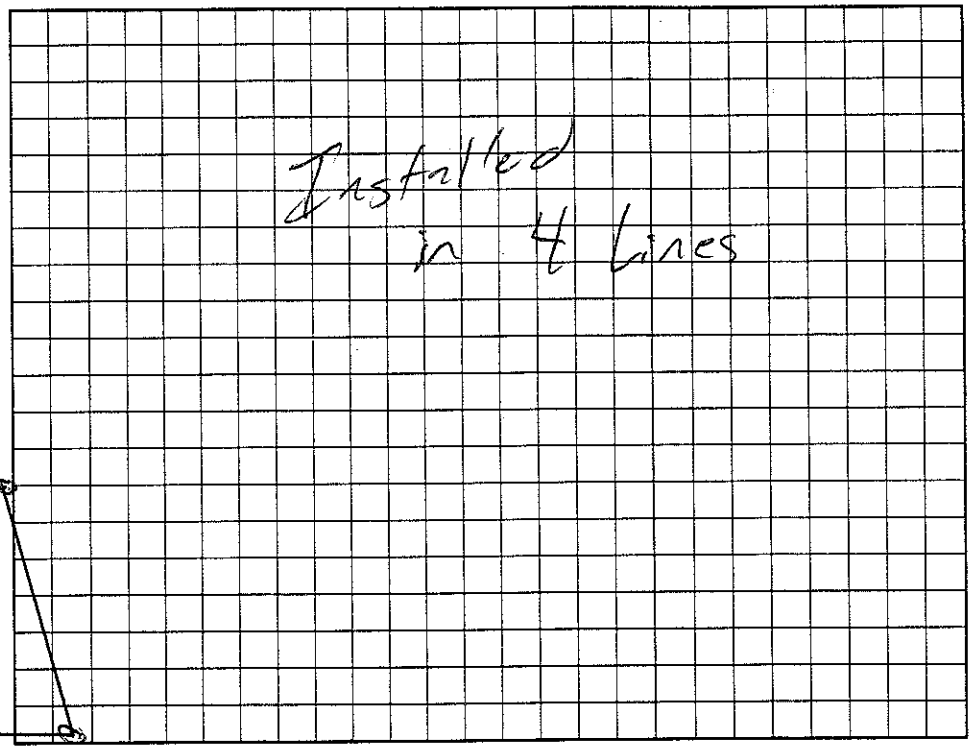
THIS WAY - AWS

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 7-26-01

Improvement Permit by: RS date 6/14/01

Authorization to Construct by: RS date 9/10/01

Installed by: Richard Abernathy

Operation Permit by: RS date 1/29/02

Existing System Inspection by: date

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