IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 94680 PIN# 4627818108 PT 4627-81-9634 DATE 6/14/01

OWNER OR CONTRACTOR SHAVENDERS DEV GROUP // Dupratt Group PHONE: Business 919-464-4738 Home

ADDRESS 1143 D EXECUTIVE CIRCLE CARY NC 27511

LOCATION BRAWLEY SCHOOL - TR BLUME - TL BEATEN PATH - TL CICERO - TL SHAVENDERS - TR BATH - AT END

SUBDIVISION SHAVENDERS BLUFF BLOCK / SECTION 2 OF LOT 116 LOT AREA .754c SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .360/KT²

Septic Tank: 1000 Gallons; STB 794 Date

Pump Tank: 1000 Gallons; PT 17 Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 420 Linear Feet 210

No Lines 3@70' Trench Width 24" 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

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

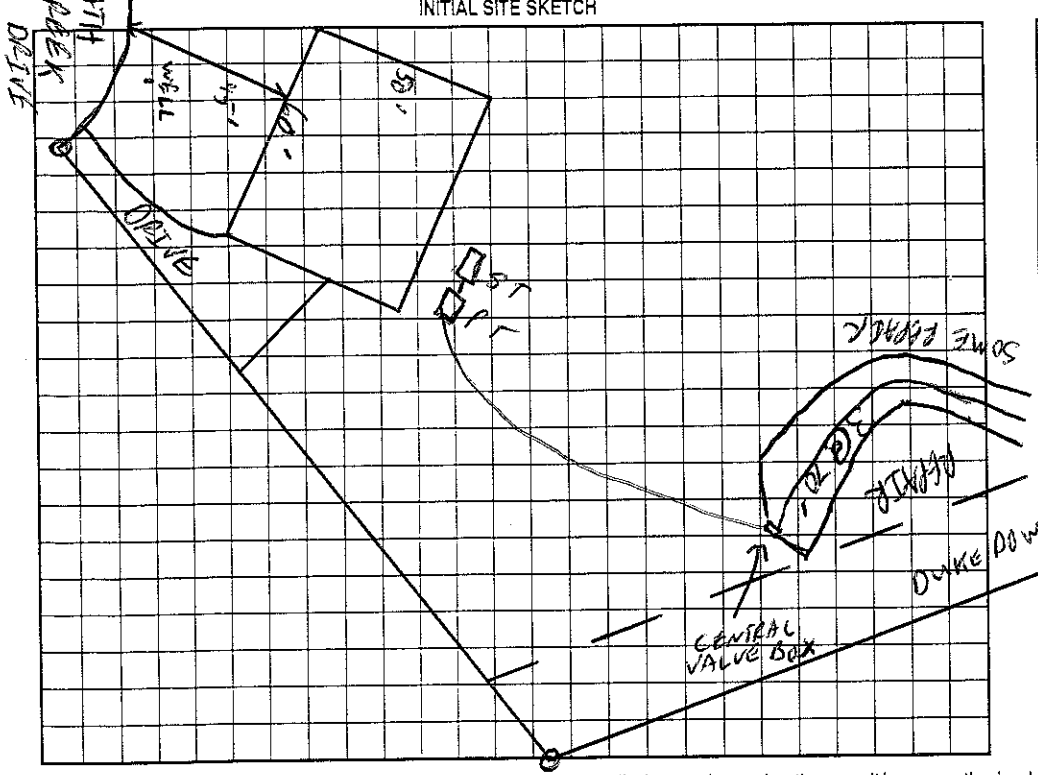
☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community

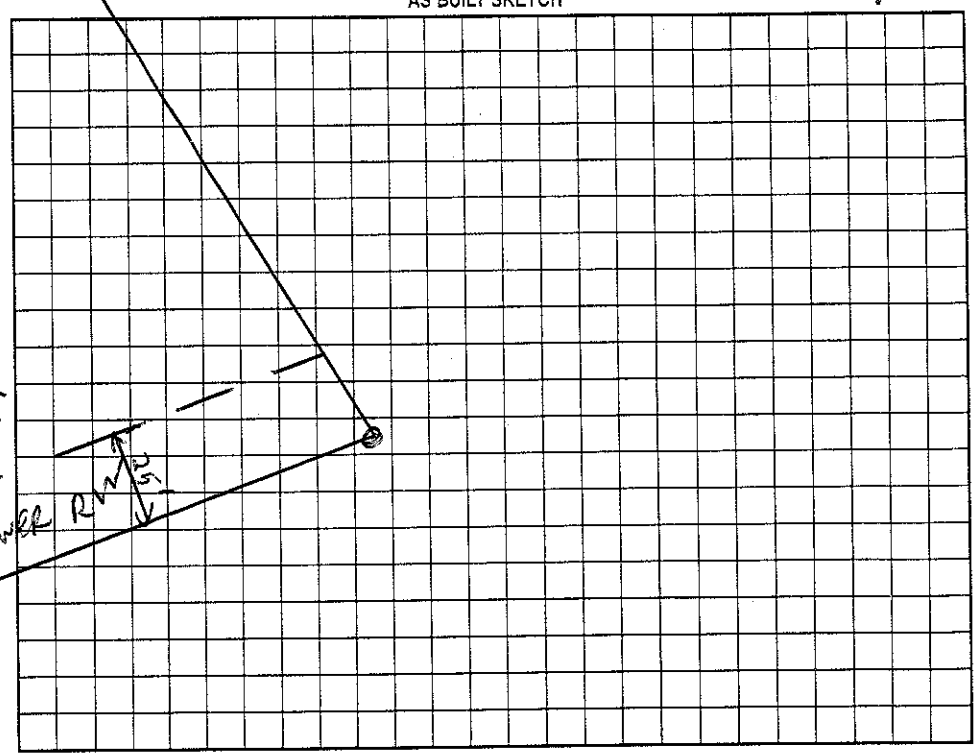
Comments:/Conditions:

Comments:/Conditions: Tanks & lines Checked by GM
41 panels 5/32" holes
Elect. Alarm & pressure tank

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: date 2-2001

Improvement Permit by: RS date 6/14/01

Authorization to Construct by: RS date 6/26/02

Installed by: Abernathy RS

Operation Permit by: date 2/10/03

Existing System Inspection by: date

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