IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 107345 PIN# ~~4627-90-7442.303~~ 4627905179 DATE Aug 19, 02

OWNER OR CONTRACTOR Shavender Dev. Group / ES Johnson Builders PHONE: Business (919) 460-0270 Home

ADDRESS 1143-D Executive Dr. Cary N.C. 27511 124 Palmer Marsh Rd.

LOCATION Brawley Schl Road TR Blume TL Beaten Path TL Cicero TL Shavender Dr. TL Palmer Marsh 3rd on Right

SUBDIVISION Shavenders Bluff BLOCK / SECTION 3 LOT 303 LOT AREA .68ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 4/30/03 ☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: ____ Gallons; PT ____ Date ____ System Description: Gravity 25% Reduction

Pump Make: ____ Model ____ Serial No. ____ Repair System Description: LPP BBPS

Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400 Maintenance Agreement Required: ☐ Yes ☑ No

No Lines 2+2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☐ House/Mod. Home No. Bedrooms 4 ☐ Mobile Home No. Bathrooms 4 ☐ Business No. Employees ____ ☐ Other ____

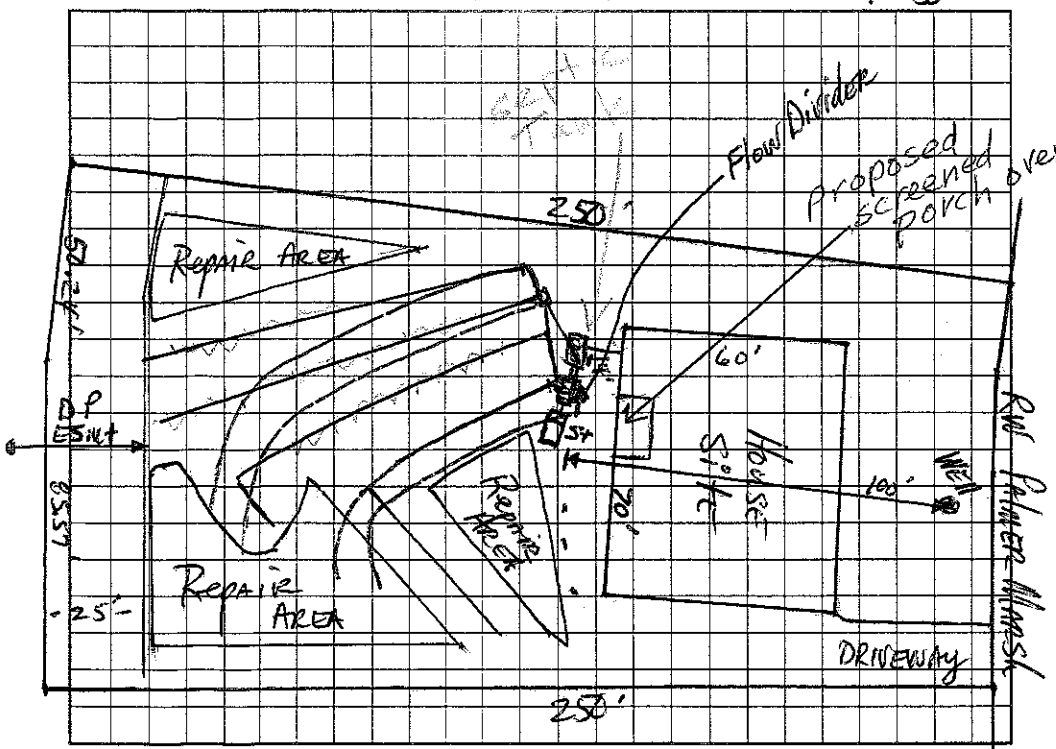
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: Use Flow Divider to either 2 D-Boxes with Levelers or 2 Deep Boxes

Comments/Conditions: EZ Flow Installed

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

The proposed / existing Screened Porch addition does not appear to impact the existing septic system.

**NOTE: Footers to be min. 5' from septic

Judy Melville R.S.

Date: July 12, 2013

ICHD-Environmental Health Division

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: [signature] date 8-29-02 Installed by: W. Ellis Christenbury

Improvement Permit by: Mark Johnson, RS date 8-19-02 Operation Permit by: Wesley Sparks RS date 6/12/03

Authorization to Construct by: Wesley Sparks RS date 1/22/03 Existing System Inspection by: ____ date ____

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