IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107430 PIN# 4627-90-7412.336 4627-90-6764 DATE Aug 23, 02

OWNER OR CONTRACTOR Shavender Dev. Group / KEVIN HUFFSTETLER PHONE: Business _____ Home _____

ADDRESS 1143 D Executive Dr. Cary, N.C. 27511

LOCATION Brawley Sch. Rd. TR Blume TL Berten Path TL Cicero TL Shavender

SUBDIVISION Shavender's Bluff BLOCK / SECTION 3 LOT 336 LOT AREA .7099ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 317 Date 4/7/04
Pump Tank: 1000 Gallons; PT 29 Date 4/9/04
Pump Make: MYERS Model 3E-11 Serial No. 4/04
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM- 25% Reduction
Repair System Description: LPPPBPS
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

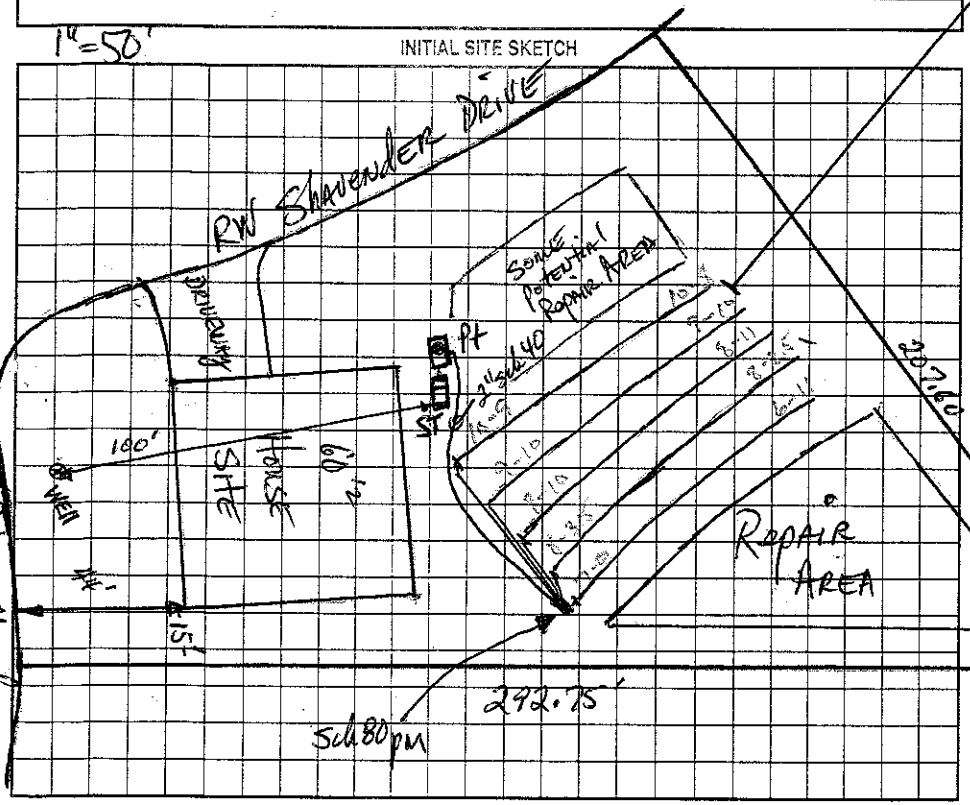
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions:

Comments/Conditions: EZ FLOW INSTALLED

1"=50'

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 8-29-02 Installed by: Tim Crampons

Improvement Permit by: Mark R. Hyman, RS date 8-23-02 Operation Permit by: Wesley Sparks RS. date 8/3/04

Authorization to Construct by: _____ RS date 10/20/03 Existing System Inspection by: _____ date _____

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