IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid 3.00 MOORESVILLE 704-664-5281

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

PERMIT# 107362 PIN# 4677-90-7412.323 4677908223 DATE Aug 19, 02

OWNER OR CONTRACTOR Shavender Dev. Group / 25R / Custom Home Builder PHONE: Business _____ Home _____

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

LOCATION Brawley School Rd. - TR / Blume TL Berten Path TL Cicero TL Shavender Dr.

SUBDIVISION Shavender Bluff BLOCK / SECTION 3 LOT 323 LOT AREA .72Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 3/2 Date 8/11/03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400
No Lines 2+2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: LP RRBPS
Maintenance Agreement Required: ☐ Yes ☒ No Initially

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

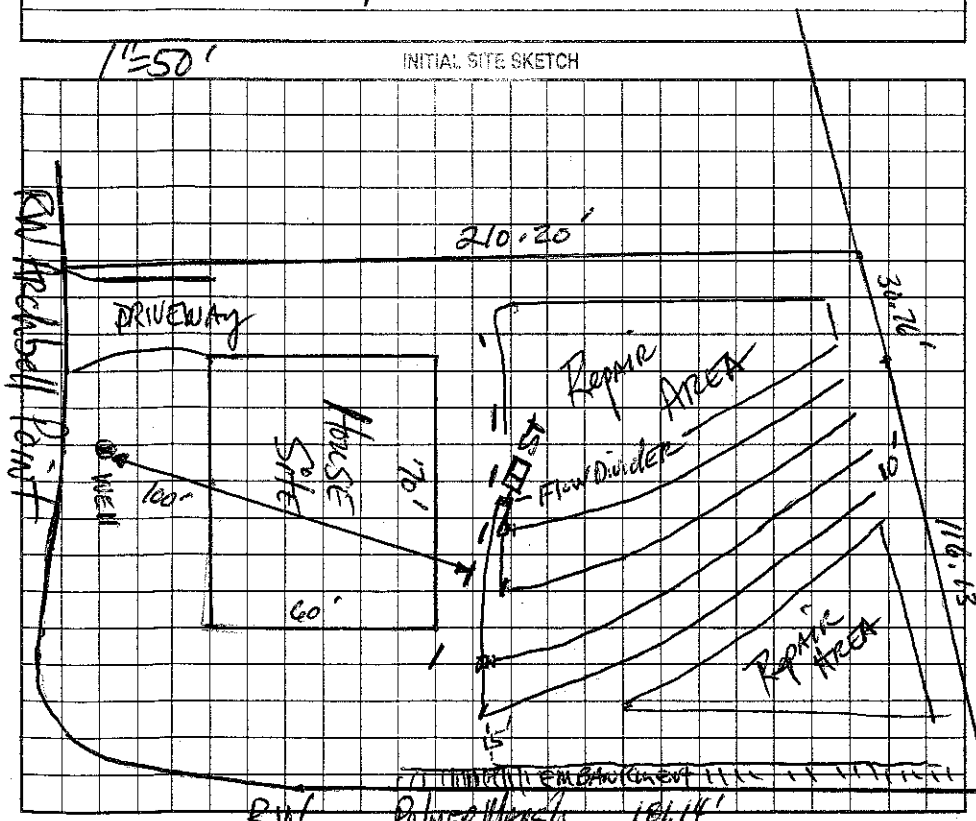
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Use Flowdivider to either 2D-Boxes with Levelers or 2 Drop Boxes

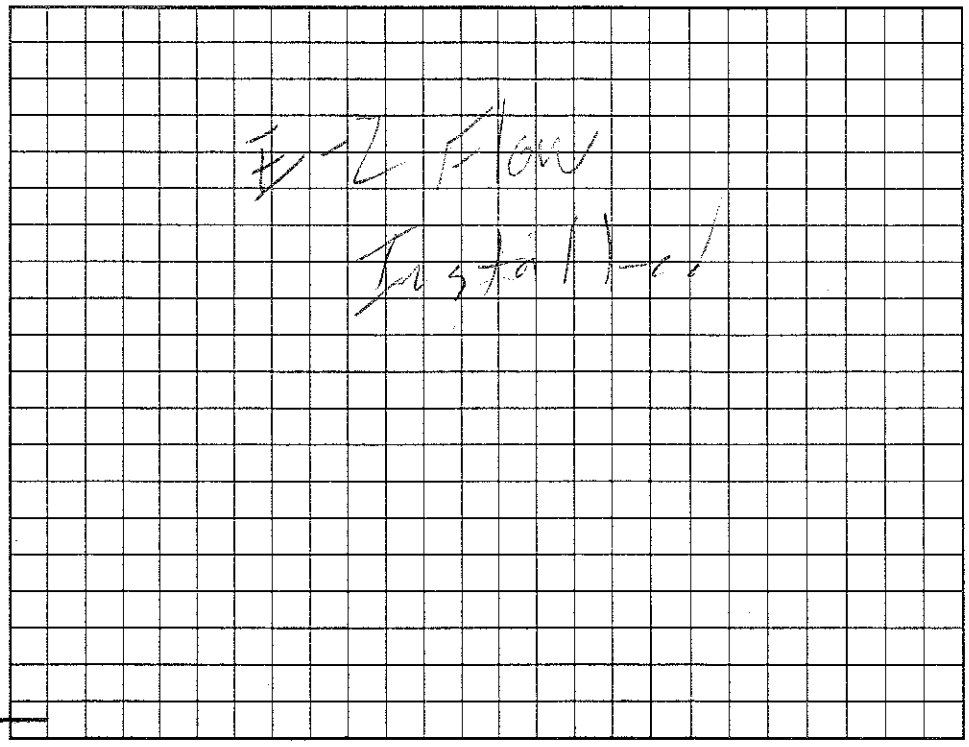
Comments:/Conditions:

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 Ammons

Improvement Permit by: _____ date 8-19-02 Operation Permit by: _____ RS date 12/19/03

Authorization to Construct by: _____ RS date 5/8/03 Existing System Inspection by: _____ date _____

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