Site Address: 115 Archbell Point Ln.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 375.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 107375 PIN# ~~4627-90-7412.333~~ 4627-90-8594 DATE ~~Aug 22~~, 02

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

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

LOCATION Brawley Sch Rd. TR Blume TL Beaten Path TL Cicero TL Shavender TL Palmer Marsh TL Archbell on left

SUBDIVISION Shavenders Bluff BLOCK / SECTION 3 LOT 333 LOT AREA .72 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 7/8/03

Pump Tank: 1000 Gallons; PT 302 Date 8/7/03

Pump Make: ZOELLER Model N-196 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 540/810 Linear Feet 270

No Lines 4 Trench Width 24" min 8' oc Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, ⓘ V, VI

System Description: LPPBPS

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

Gravel Depth NA

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

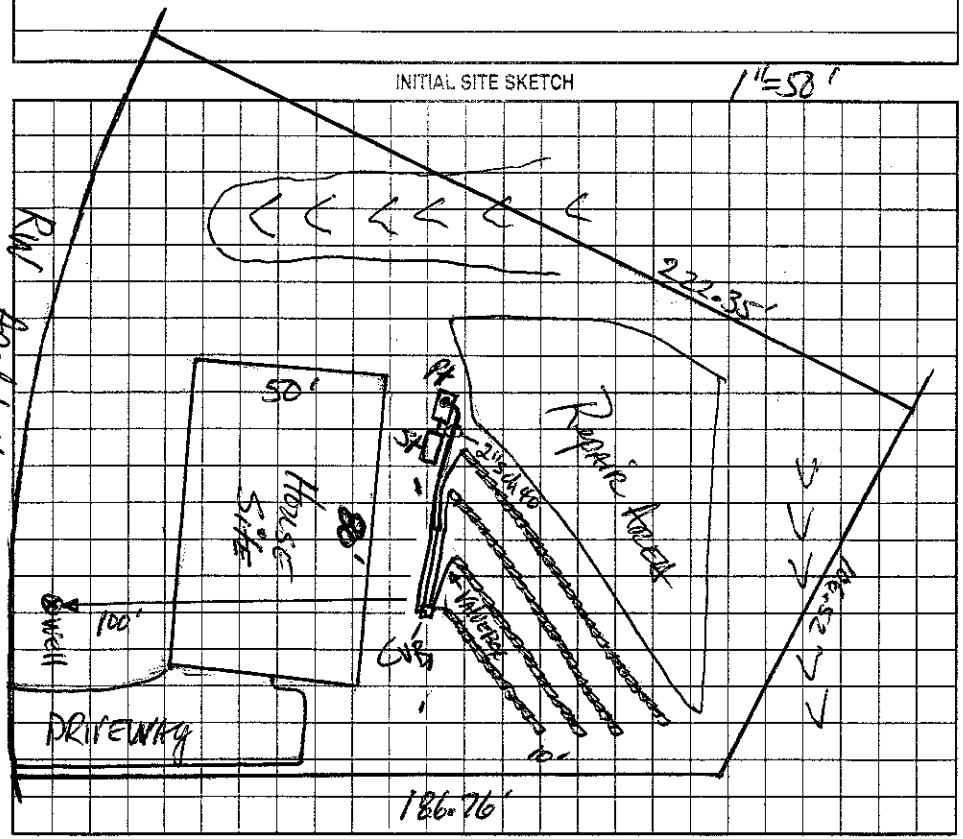
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: 36" min 9' oc

Comments:/Conditions: Lot 74, 75, 90 - 16" PPBPS installed

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

SITE VISIT MADE 2-5-16 TO FIND CENTRAL VALVE BOX LOCATED WHERE SHOWN. RA

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: Rowan Septic Tank

Improvement Permit by: _____ date 8-22-02 Operation Permit by: Wesley Sparks R.S. date 1/20/04

Authorization to Construct by: Wesley Sparks R.S. date 3/27/03 Existing System Inspection by: _____ date _____

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