IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107363 PIN# ~~4627-40-7442.328~~ 4627909350 DATE Aug 19, 02

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

ADDRESS 1143-D Executive Drive Cary, N.C. 27511

LOCATION Bigerly School Rd. TR Blume TL Benten Path TL Cicero TL Shavender Dr. TL Salmon Marsh TL Archbell Pt. 110 Archbell Pt. on Right

SUBDIVISION Shavenders Bluff BLOCK / SECTION _____ LOT 324 LOT AREA .71 Ac SITE CLASS. 65 DESIGN FLOW 400gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1612 Date 6/2/03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 480
No Lines 6 7 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: LPP 50% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No

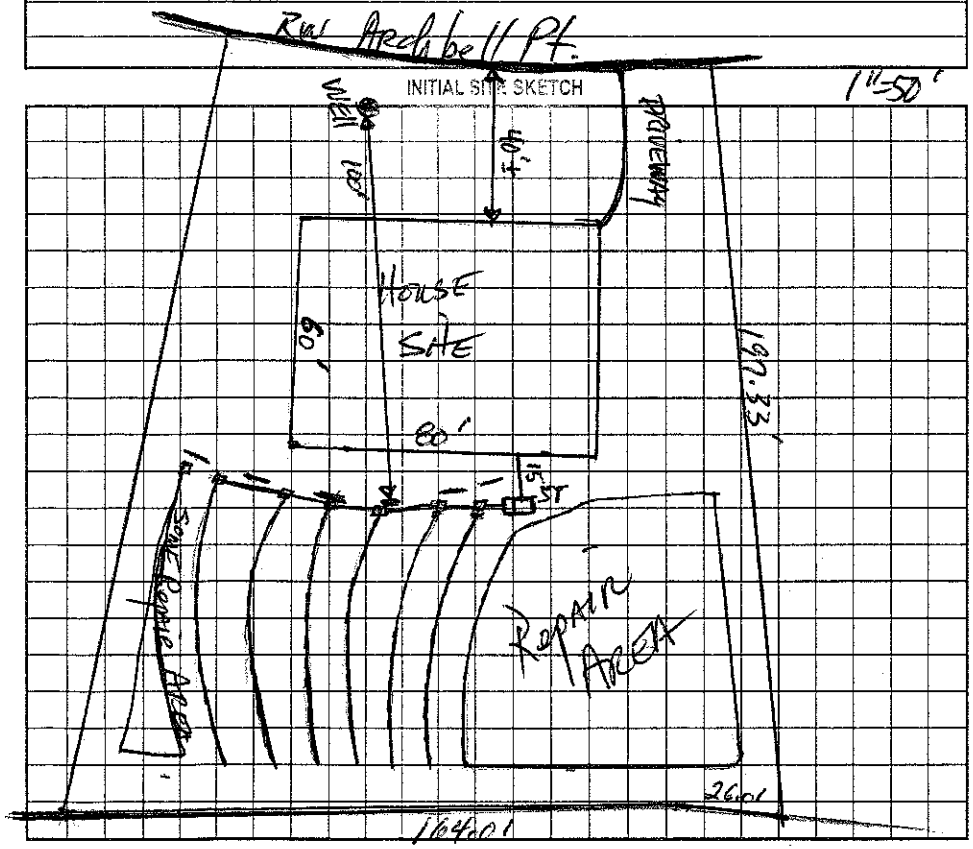
☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 4 No. Employees _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

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Surface Water installed

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: Steve Jordan

Improvement Permit by: _____ date 8-19-02 Operation Permit by: Wesley Sparks R.S. date 12/1/03

Authorization to Construct by: _____ date 6/6/03 Existing System Inspection by: _____ date _____

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