IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 94661 PIN# ~~4627-81-9708~~ pt 4627133611 DATE 5/22/01

OWNER OR CONTRACTOR Shavenders Ass. / Mike Paxton PHONE: Business 919-469-4738 Home 304-6810

ADDRESS 1143-D Executive C Cary NC 27511

LOCATION Brawley School, R Blume, L Boston Rth, L Cicero, L Shavenders on RT

SUBDIVISION Shavenders Bluff BLOCK / SECTION ____ LOT 102 LOT AREA 0.74Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1002 Date 12/15/00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200
No Lines 4 @ 50' Trench Width 24"-36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity Panel
Repair System Description: LP Panel
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

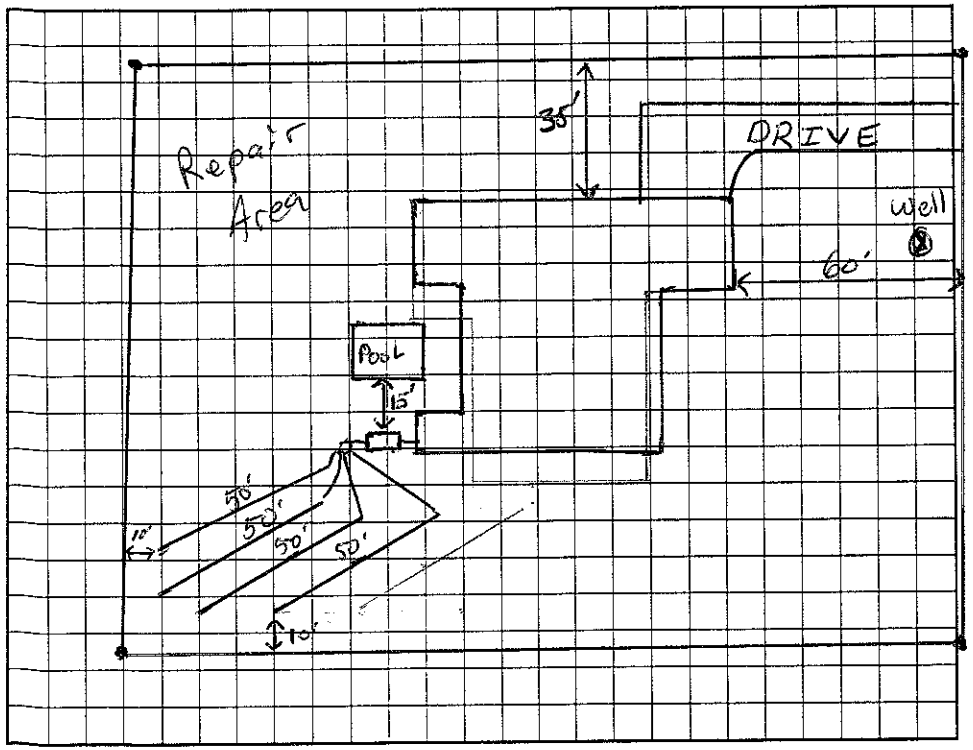
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

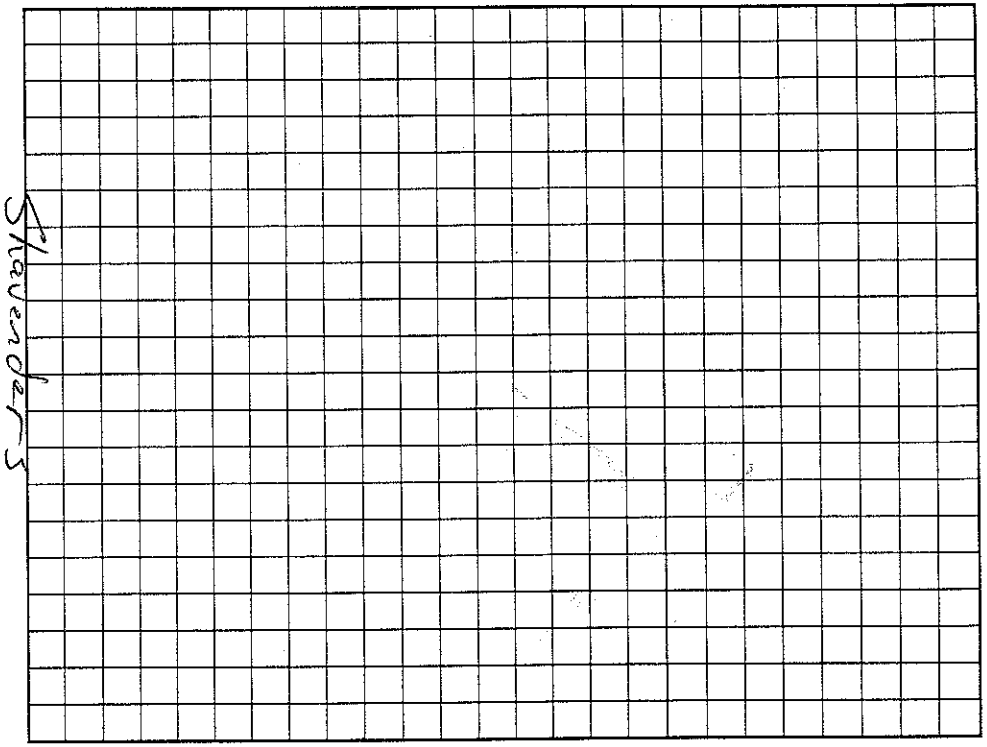
Comments:/Conditions:

Comments:/Conditions: Checked D-Box 6/13/2001
Installed As Drawn per Installer

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 5/24/01 Installed by: Richard Abernathy

Improvement Permit by: RSI date 5/22/01 Operation Permit by: Maria A. Holcolson R.S. date 6/13/2001

Authorization to Construct by: RSI date 5/22/01 Existing System Inspection by: ____ date ____

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