Paid 175.00 6-5-00

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-52[illegible]

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

PERMIT# 88636 PIN# ~~4627813014 PF~~ 4627913621 DATE 4/28/00

OWNER OR CONTRACTOR SHAVENDERS DEV. G-RP/MARK A LEE PHONE: Business 919-460-0270 Home

ADDRESS 1143-D EXECUTIVE DR, CARY NC 27511

LOCATION BRAWLEY SCHOOL - TR BLUME - TL BEATEN PATH - TL CICERO - TL SHAVENDER DRIVE.

SUBDIVISION SHAVENDERS BLUFF BLOCK / SECTION LOT 100 LOT AREA - SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. 1.3 gpd/LF2

Septic Tank: 1000 Gallons; STB 1012 Date 1/17/00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1000 Linear Feet 400
No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: GRAVITY PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

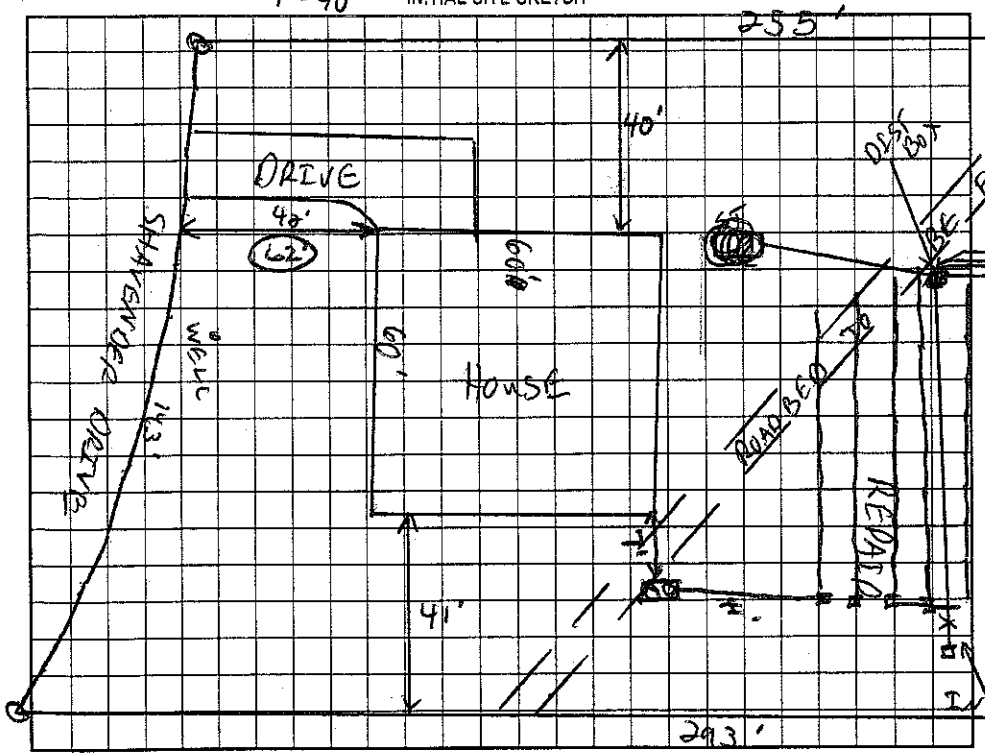
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

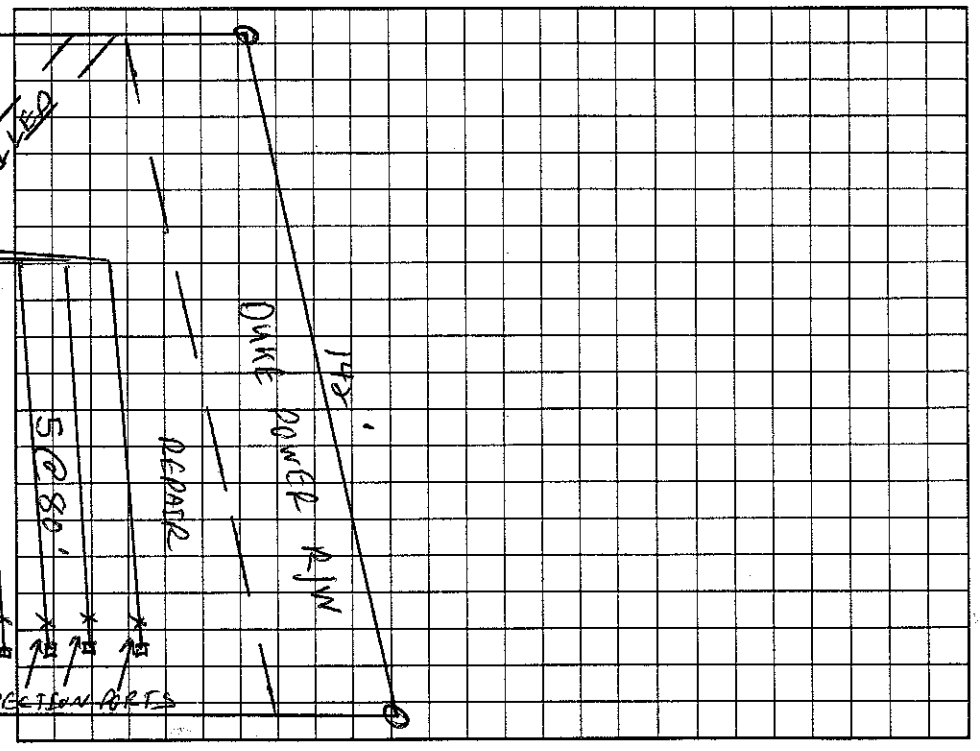
Comments/Conditions: REVIEWED FLOOR PLAN/SUBSTANTIALLY AS SHOWN

Comments/Conditions:

1"=40' 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 [signature] date 6/5/00 Installed by: Richard Abernathy

Improvement Permit by: C. Bly Tenn RS date 4/28/00 Operation Permit by: Wesley Sparks R.S. date 6/8/01

Authorization to Construct by: C. Bly RS date 6/1/01 Existing System Inspection by: date

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