Paid 125.00 6-5-00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88635 PIN# ~~4627819014 FF~~ 4627913796 DATE 4/28/00

OWNER OR CONTRACTOR SHAVENDERS DEV. GRP // ES Thomas/Bill PHONE: Business 919-460-0270 Home

ADDRESS 1143-D EXECUTIVE DR. CARY NC 27511

LOCATION BRAWLEY SCHOOL - TR BLUME - TL BEATEN PATH - TL CICERO - CORNER ON SHAVENDER DR.

SUBDIVISION SHAVENDERS BLUFF BLOCK / SECTION LOT 99 LOT AREA - SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .3gal/ft2

Septic Tank: 1000 Gallons; STB 825 Date 5/2/01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 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: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

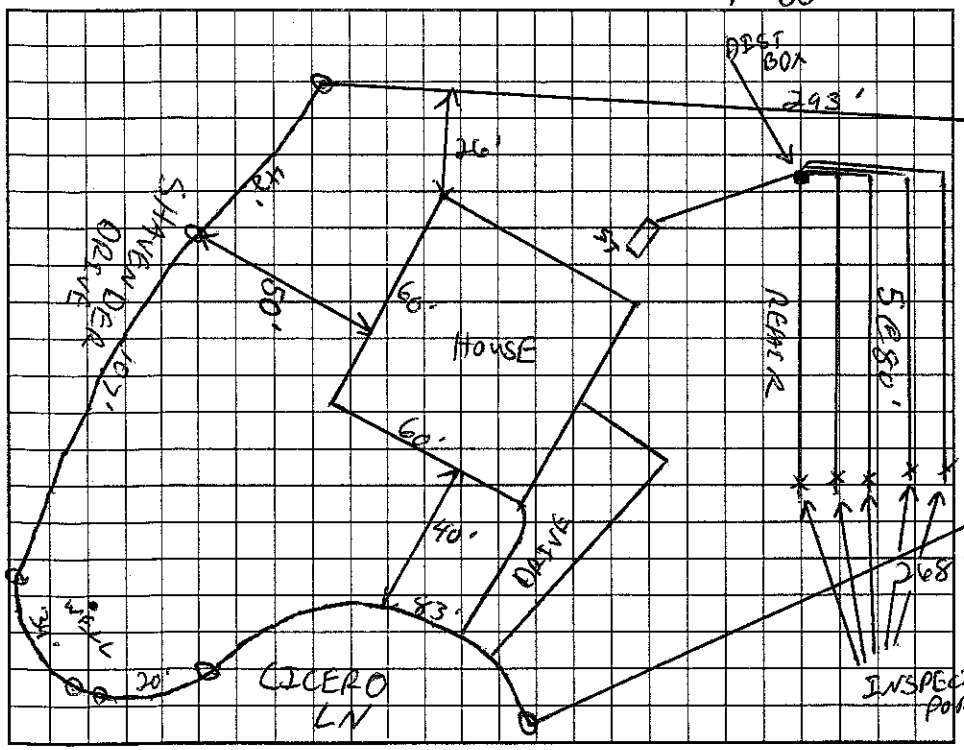
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

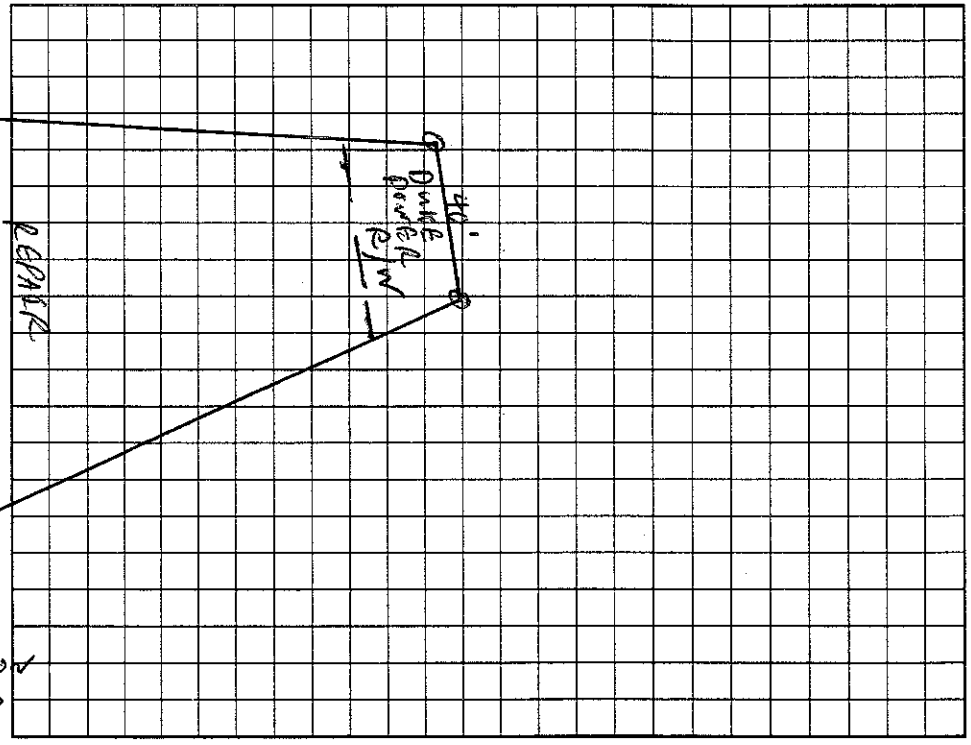
Comments:/Conditions: 2-28-01 - Reviewed house plans & appears in compliance w/ I.P. House to be located where shown on sketch.

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



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: UP Right Grading

Improvement Permit by: C. B. [signature] RS date 4/28/00 Operation Permit by: [signature] RS date 7/19/01

Authorization to Construct by: [signature], RS date 2/28/01 Existing System Inspection by: date

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