3100

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91280 PIN# ~~467 TBT 9014 PT~~ 4627916361 DATE 10/10/00

OWNER OR CONTRACTOR SHAVENDER'S DEV GROUP/ESJOHNSON BLDRS PHONE: Business 919-460-0270 Home

ADDRESS 1143-D EXECUTIVE DRIVE - CARY NC 27511

LOCATION BRAWLEY SCHOOL - TR BLUME - TL BEATEN PATH - TL CICERO - TL SHAVENDER'S ON LT

SUBDIVISION SHAVENDERS BLUFF BLOCK / SECTION LOT 91 LOT AREA .85AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. 1.3sq/ft

Septic Tank: 1000 Gallons; STB 869 Date 5/7/01
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

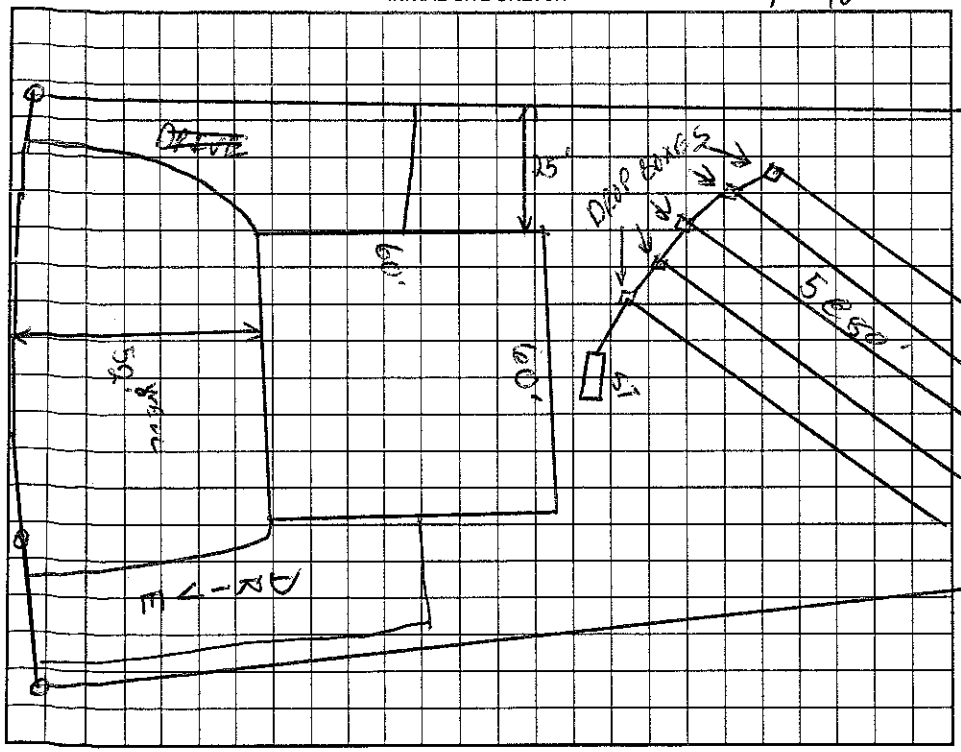
☐ ~~House~~/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 4 No. Employees
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ ~~Individual~~ ☐ Public ☐ Community

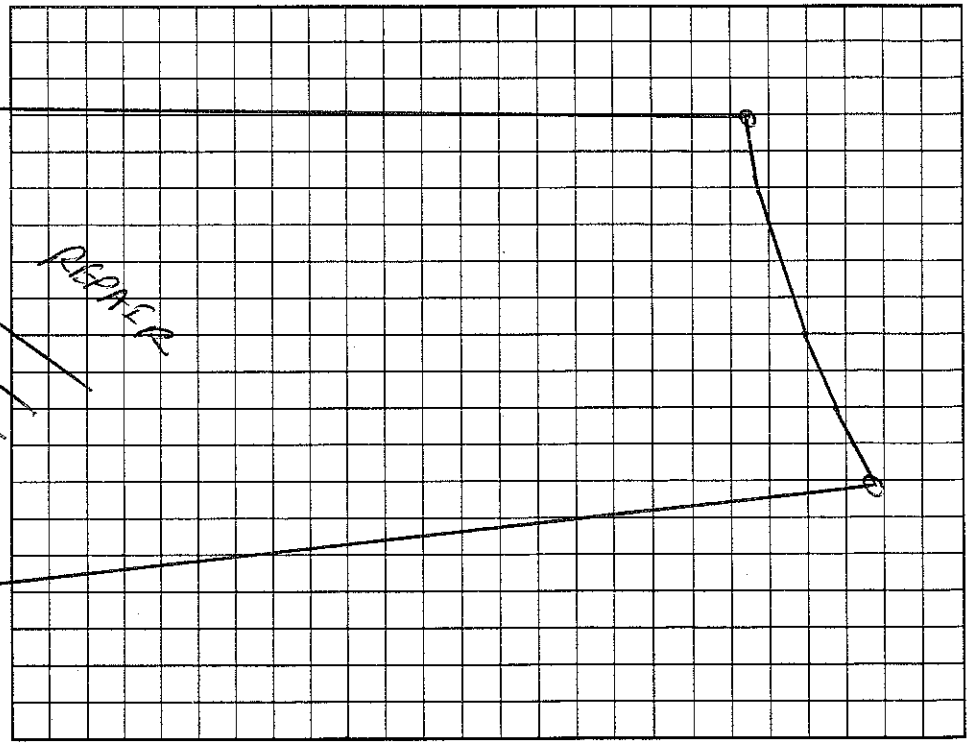
Comments/Conditions: Doors to be eliminated on Rec Room.

Comments/Conditions:

INITIAL SITE SKETCH 1"=40'



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 6/12/00 Installed by: Sipe Landscaping

Improvement Permit by: C. [signature] RS date 10/10/00 Operation Permit by: [signature] RSI date 8/31/01

Authorization to Construct by: [signature] RS date 6/13/01 Existing System Inspection by: date

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