IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91281 PIN# ~~4627 19074 PT~~ 4627916450 DATE 3/22/01

OWNER OR CONTRACTOR Shavenders Dev. / Platinum Dev. PHONE: Business 919-460-0270 / 660 ~~Home~~

ADDRESS 1143-D Executive Dr Cary NC 27511

LOCATION Brawley Sch, TR Blume TL Beaton Path, TL Cicero, TL Shavenders, on LT

SUBDIVISION Shavenders Bluff BLOCK / SECTION ____ LOT 92 LOT AREA 0.81 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 825 Date 2/20/01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet ~~450~~ 900 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: Gravity 25% Red.
Repair System Description: Panel
Maintenance Agreement Required: ☐ Yes ☒ No

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

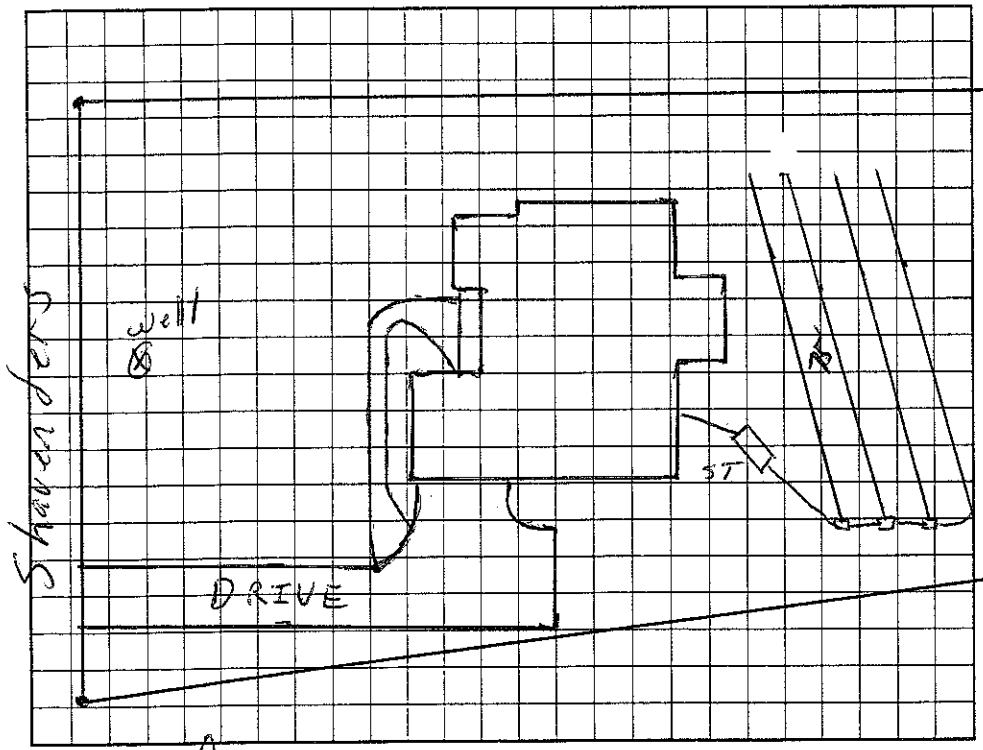
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

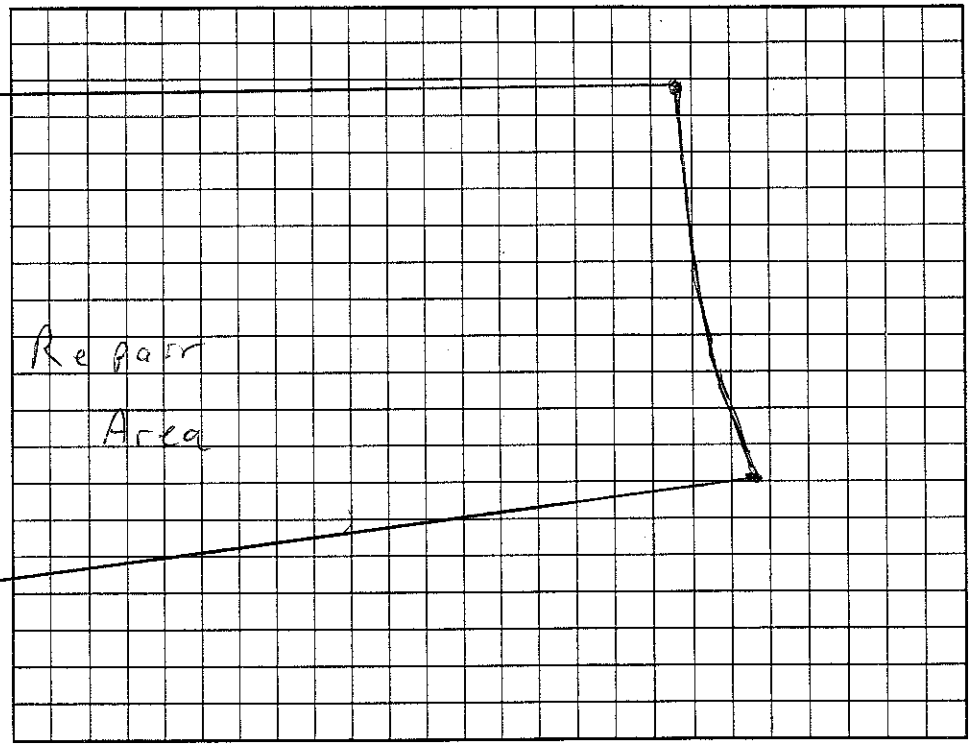
Comments:/Conditions:

Comments:/Conditions:

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 3/23/01 Installed by: Delbert Bostian

Improvement Permit by: [signature] RSI date 3/22/01 Operation Permit by: [signature] RSI date 3/28/01

Authorization to Construct by: [signature] RSI date 3/22/01 Existing System Inspection by: ____ date ____

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