2.30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 06 7752 PIN# ~~4627912741~~ 4627934127 DATE 2/4/98

OWNER OR CONTRACTOR SHAVENDER'S DEV. PHONE: Business 663-6905 - T JACOBS Home

ADDRESS 1143-D EXECUTIVE PL CIR. CARY NC 28511

LOCATION BRAWLEY SCHOOL RD - TR BLUME - TL BEATEN PATH - TL DORBIN CT. 6TH ON RT

SUBDIVISION SHAVENDERS BLUFF BLOCK / SECTION ____ LOT 146 LOT AREA .69AC SITE CLASS. RS DESIGN FLOW 450 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 4/6/94
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 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: PUMP SAME
Maintenance Agreement Required: ☐ Yes ☑ No

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

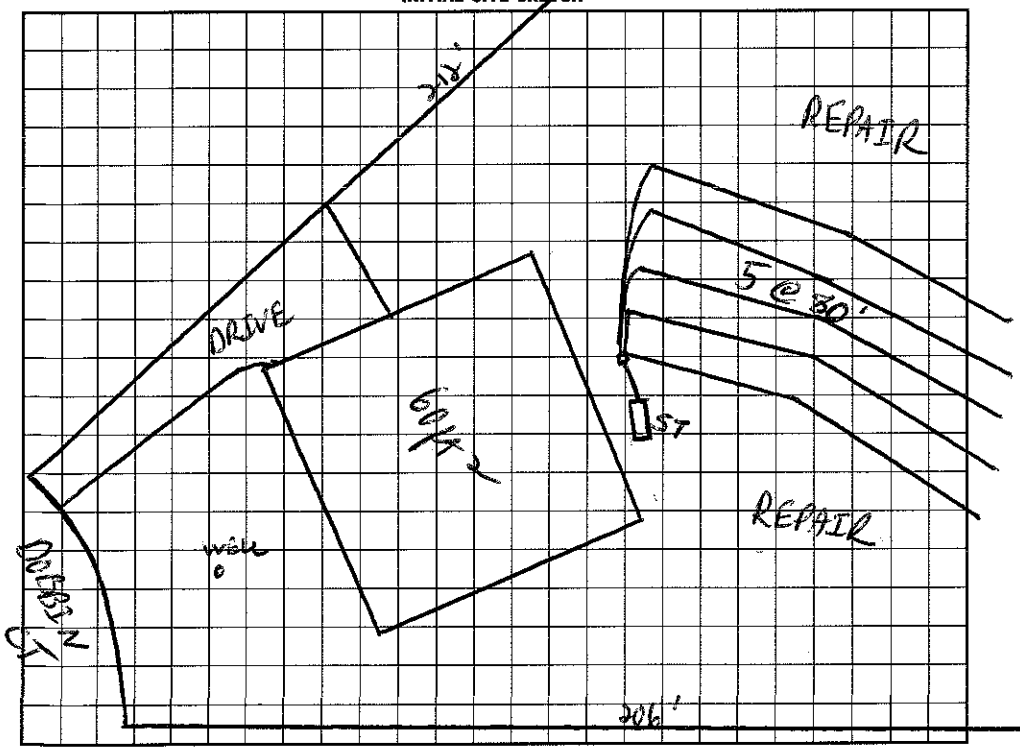
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

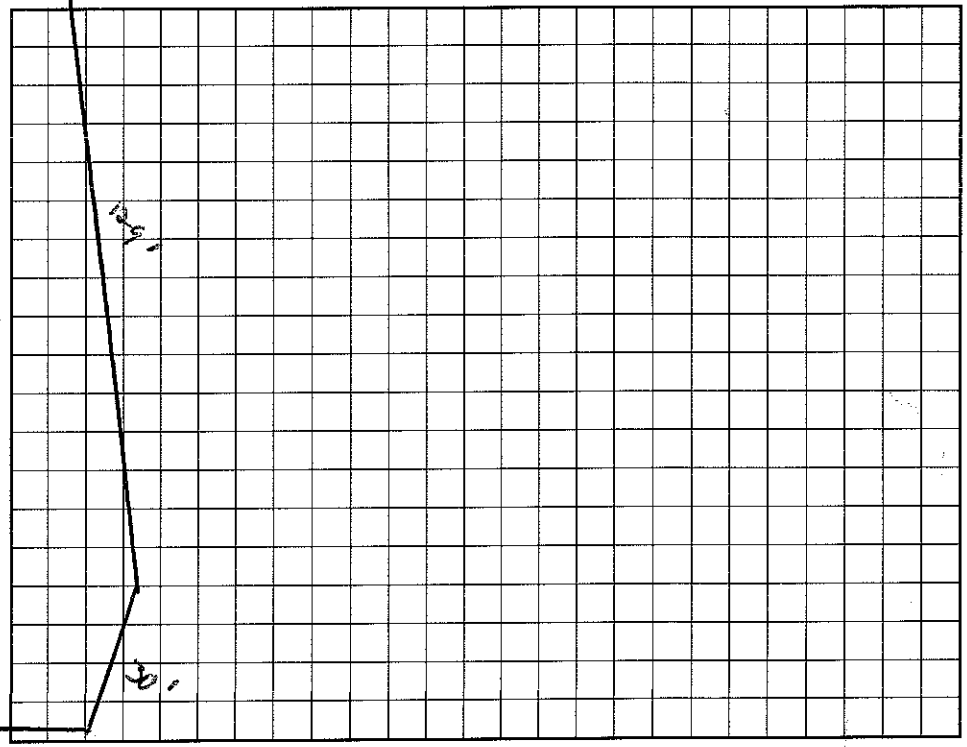
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 2/25/98 Installed by: LARRY BEAM

Improvement Permit by: C. Ray Freeman RS date 2/4/98 Operation Permit by: C. Ray Freeman RS date 6/2/98

Authorization to Construct by: C. Ray Freeman RS date 2/4/98 Existing System Inspection by: ____ date ____

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