IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5315 375.00 Paid MOORESVILLE 704-664-52

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

PERMIT# 106872 PIN# 4627-90-7412 .316 DATE Jan 9, 03

OWNER OR CONTRACTOR Shavenders Development Group / ZSR Custom Homes PHONE: Business _____ Home _____

ADDRESS 1143-D Executive Drive, Cary, N.C. 27511

LOCATION Barkley School Rd. TR Bloome / TL Beaten Path TL Cicero TL Shavender TL Palmers Marsh on left

SUBDIVISION Shavenders Bluff BLOCK / SECTION 3 LOT 316 LOT AREA 1.44 AC SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3 System area

Septic Tank: 1000 Gallons; STB 1012 Date 4/23/05

Pump Tank: 1000 Gallons; PT 17 Date 7/8/05

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 560 / 840 Linear Feet 280

No Lines 4 Trench Width 24" min 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: LPP LPP

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: OR 36" MAX 90C DRIVEWAY

INITIAL SITE SKETCH

1"=50'

218.63'

115'

50'

Primary Area

Repair Area

Valve Box

N12

Ditch

Drainageway

122.07'

Comments/Conditions: 60'

AS BUILT SKETCH

N12

132.15'

96.38'

162.98'

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: _____

Improvement Permit by: _____ date 3-7-03

Authorization to Construct by: _____ date 1-9-03

Installed by: C+S

Operation Permit by: _____ date 2/18/05

Existing System Inspection by: _____ date 12/8/05

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