IREDELL COUNTY HEALTH DEPARTMENT

STATESVI[illegible]4-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 108865 PIN# 4627 90 7412 .314 4636-09-1597 DATE Jan 19,03

OWNER OR CONTRACTOR Shavender Development Group / Anchorin Homes PHONE: Business _____ Home _____

ADDRESS 1143-D Executive Drive / Cary, N.C. 2751[illegible]

LOCATION Brawley School Rd. TR Blume TL Beaton Path TL Cicero TL Shavender TL Palmer Marsh on left Attend

SUBDIVISION Shavendeida Bluff BLOCK / SECTION 3 LOT 314, 314A LOT AREA .92AC + 38AC SITE CLASS PS SFE DESIGN FLOW 480gpd L.T.A.R. .03 SFE 314A

Septic Tank: 1000 Gallons; STB 1012 Date 2/21/05
Pump Tank: 1000 Gallons; PT 17 Date 6/27/05
Pump Make: Gould's Model WE30-1012H Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 Trench Width 36" Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM - 25% Reduction on 314A
Repair System Description: LPP BKS on 314A
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

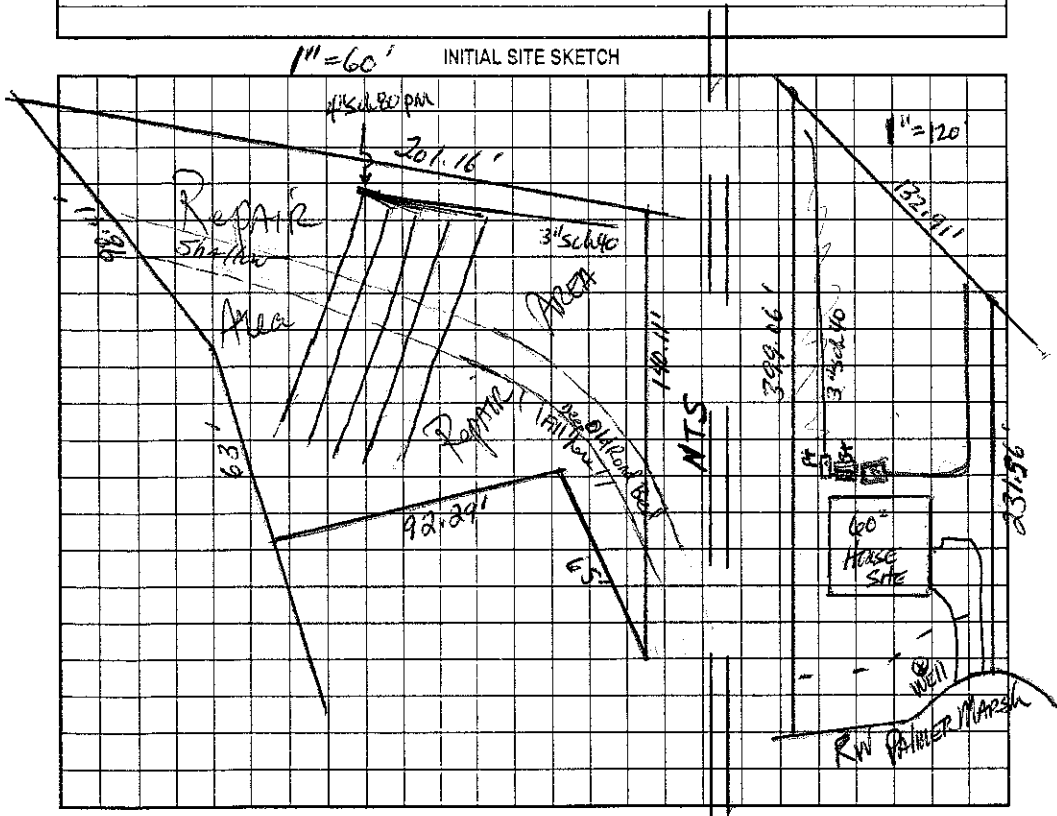
Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Install Laterals at 36" trench bottom depth.

Comments:/Conditions:

1" = 60' 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: _____ date 3-7-03 Installed by: C+S Grading

Improvement Permit by: _____ date 1-9-03 Operation Permit by: _____ RS date 9/11/06

Authorization to Construct by: _____ RS date 11/5/04 Existing System Inspection by: _____ date _____

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