# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 375.00 Paid MOORESVILLE 704-664-5281 3:30

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

PERMIT# 10887 PIN# 4627 90 7412 .315 4636091764 DATE Jan 9, 03

OWNER OR CONTRACTOR Shaverdas Development Group / Anaheim Homes Phone: Business _____ Home _____

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

LOCATION Brawley Sch Rd. TR Blume TL Benton Path TL Cicero TL Shaverdas TL Palmer Marsh on left

SUBDIVISION Shaverdas Bluff BLOCK / SECTION 3 LOT 315 LOT AREA 1.8Ac SITE CLASS. RS system area DESIGN FLOW 460gpd L.T.A.R. .03 system area only

Septic Tank: 1000 Gallons; STB 794 Date 5/6/05
Pump Tank: 1000 Gallons; PT 293 Date 4/4/05
Pump Make: Gould's Model WE0512H1 Serial No. F05C3919
Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270
No Lines 3@90' Trench Width 24"@6oc Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LPP BPS
Repair System Description: Same
Maintenance Agreement Required: ☑ Yes ☐ No

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

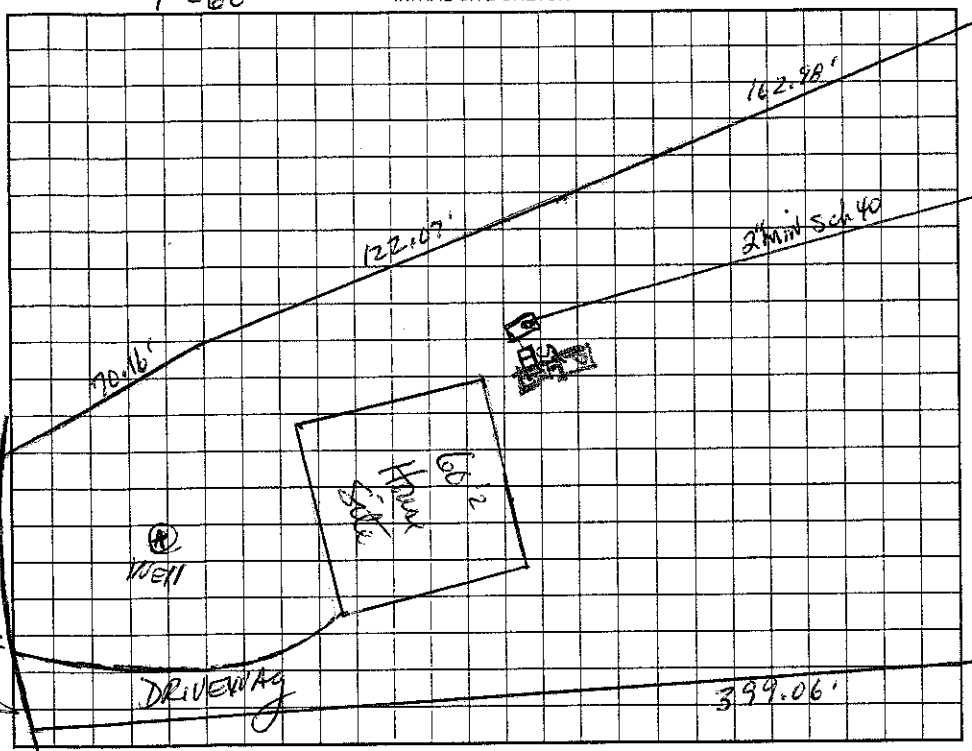
Water Supply: ☑ Individual ☐ Public ☐ Community

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

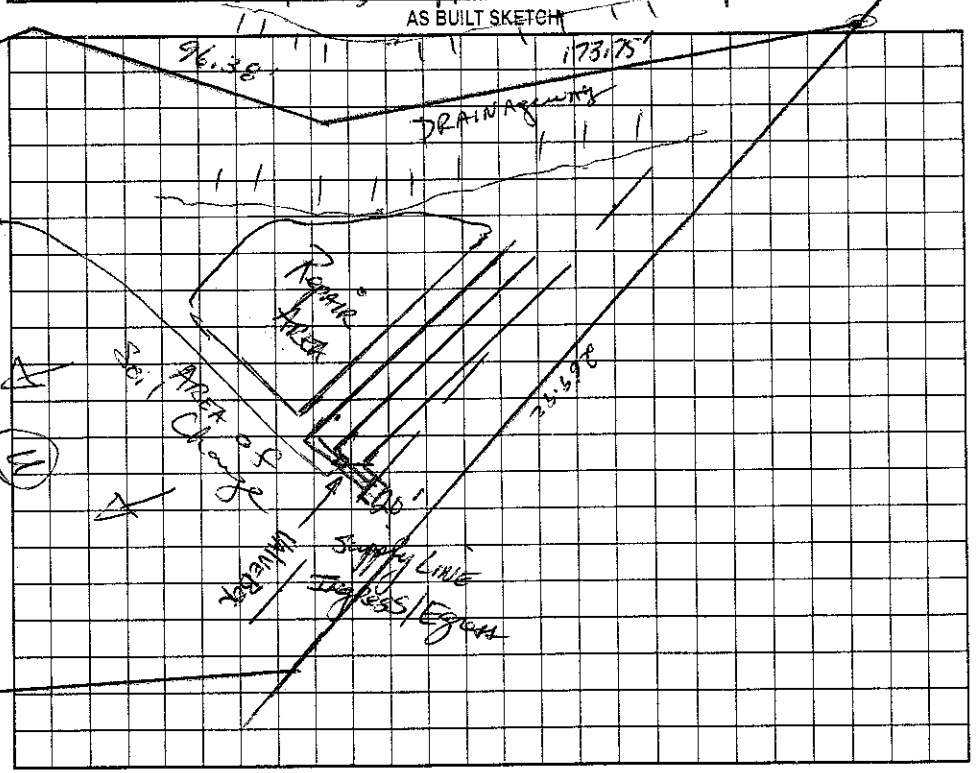
Comments:/Conditions: Reviewed Building plans & Site plan; essentially in compliance with IP.

Comments:/Conditions:
3/30/07 – visited site per owners request for a failing system possible
-flushed/blew out lines, re-set press. head, resident's cut back on water daily usage – appeared to resolve problem

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: Piedmont Septic Tank Co.

Improvement Permit by: _____ date 1-9-03 Operation Permit by: _____ RS date 7/12/05

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