IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 107431 PIN# ~~4627-90-7412.312~~ 4627009211 9 DATE Jan. 9, 03

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

ADDRESS 143-D Executive Drive, Cary, N.C. 27511

LOCATION Barnley School Road TR Blume TR Green Path TR Cicero TR Shavender TR Palmer Marsh at end

SUBDIVISION Shavenders Bluff BLOCK / SECTION 3 LOT 312 / 312A LOT AREA 1.06A + 1.63 AC SITE CLASS. PS SFE DESIGN FLOW 460 gpd L.T.A.R. .3 SFE

Septic Tank: 1000 Gallons; STB 794 Date 9/14/05 ☑ New System ☐ Repair System Type: I, II, III, IV, V, VI ☑ House/Mod. Home No. Bedrooms 4 Water Supply: ☑ Individual

Pump Tank: 1000 Gallons; PT 283 Date 9/14/05 System Description: pin - 25% Reduction on 312A ☐ Mobile Home No. Bathrooms 4 ☐ Public ☐ Community

Pump Make: MYERS Model ME100S-21 Serial No. 2532D022 Repair System Description: LPPBPS on 312A ☐ Business No. Employees _____

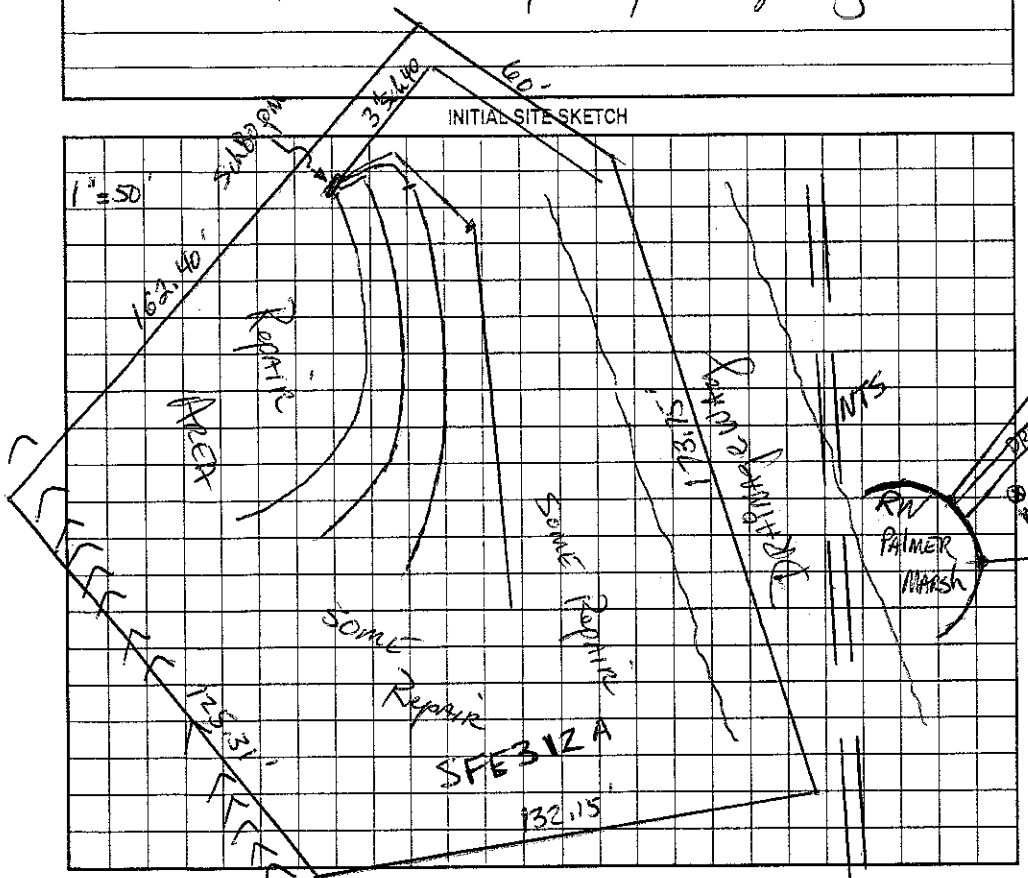
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400 Maintenance Agreement Required: ☐ Yes ☑ No ☐ Other _____

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 10" ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

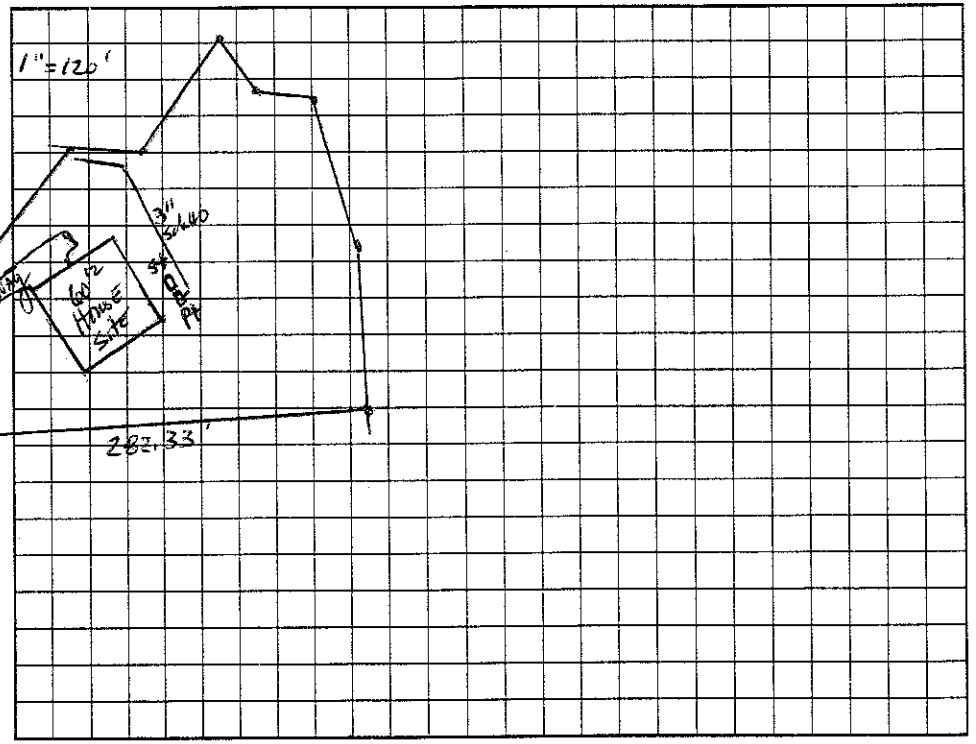
Comments/Conditions: House site will require significant grading.

Comments/Conditions: Shavender installed

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 Tanks

Improvement Permit by: _____ date Jan 9 03 Operation Permit by: _____ date 12/16/05

Authorization to Construct by: _____ date 12/16/04 Existing System Inspection by: _____ date _____

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