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# 10745 PIN# ~~4627-90-7412 .313~~ 4636092423 DATE Jan 9, 03

OWNER OR CONTRACTOR Shavender Development Corp / Anderson Homes PHONE: Business _____ Home _____

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

LOCATION 90 Byerly School Rd. TR Blume TL Beaten Path TL Cicero TL Shavender TL Palmer Marsh At End

SUBDIVISION Shavenders Bluff BLOCK / SECTION 3 LOT 313/313A LOT AREA 1.69 Ac + 1.62 Ac SITE CLASS. PS SFE DESIGN FLOW 360 gpd L.T.A.R. .3 SFE 313A

Septic Tank: 1000 Gallons; STB 1012 Date 3/14/05

Pump Tank: 1000 Gallons; PT 17 Date 3/19/05

Pump Make: Gewids Model WED 012 LH Serial No. G0562023

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: PM 25% Reduction on 313A

Repair System Description: LPP BRS on 313A

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

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

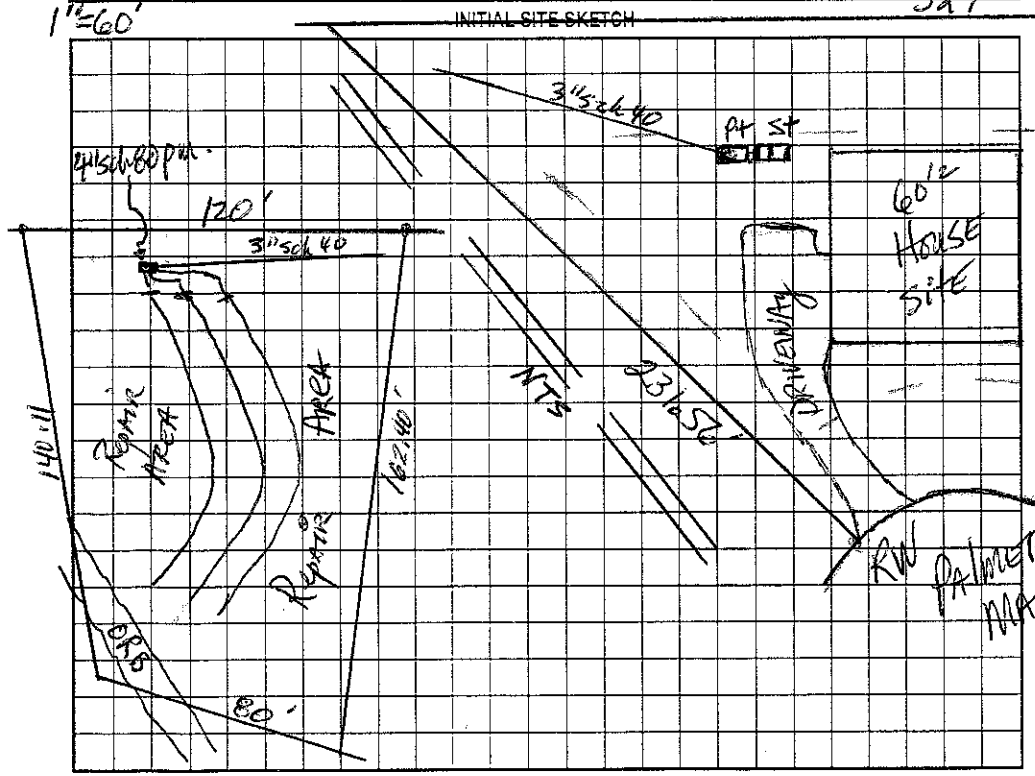
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: No bedroom upgrade on septic system.

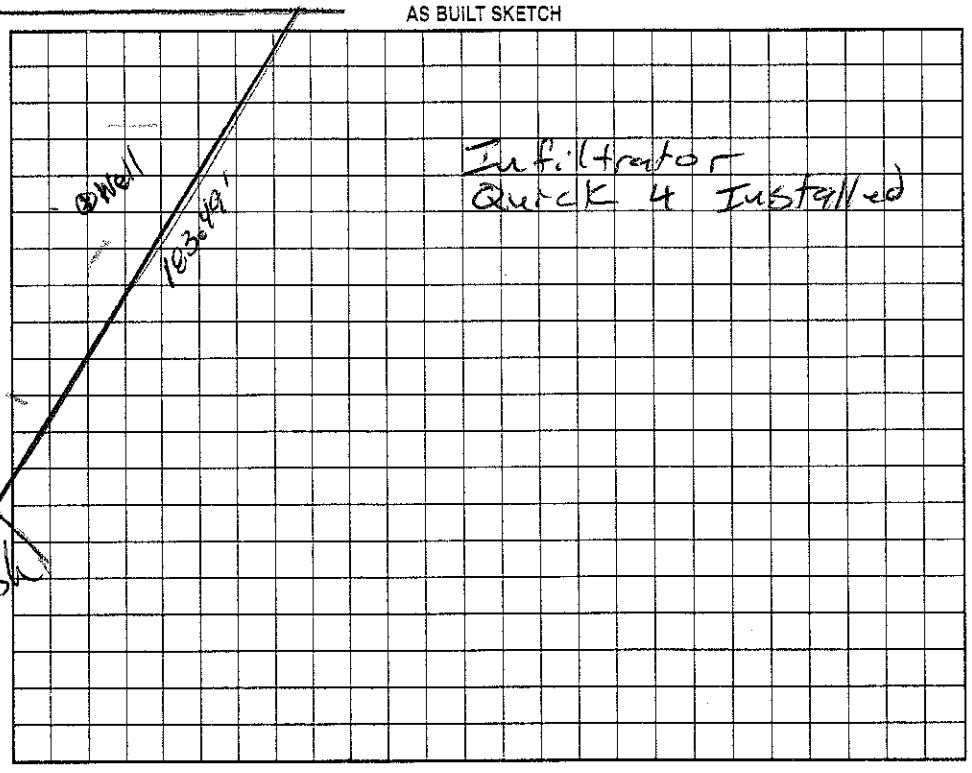
Comments/Conditions:

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: Piedmont Backhoe

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

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