IREDELL COUNTY HEALTH DEPARTMENT

Pd 50.00 130.00 Paid

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

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

PERMIT# 107371 PIN# ~~4629-90-7412.329~~ 4603700 2952 DATE Aug 20, 02

OWNER OR CONTRACTOR Shavender Dev. Group PHONE: Business _____ Home _____

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

LOCATION Brawley School Rd. TR Blume TL Berten Path TL Cicero TL Shavender TL Palmer Marsh TL Archbell ATend

SUBDIVISION Shavenders Bluff BLOCK / SECTION 3 LOT 329 LOT AREA .90 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 794 Date 2/3/04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity 35% Reduction LPP ES

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No initially

Gravel Depth NA

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

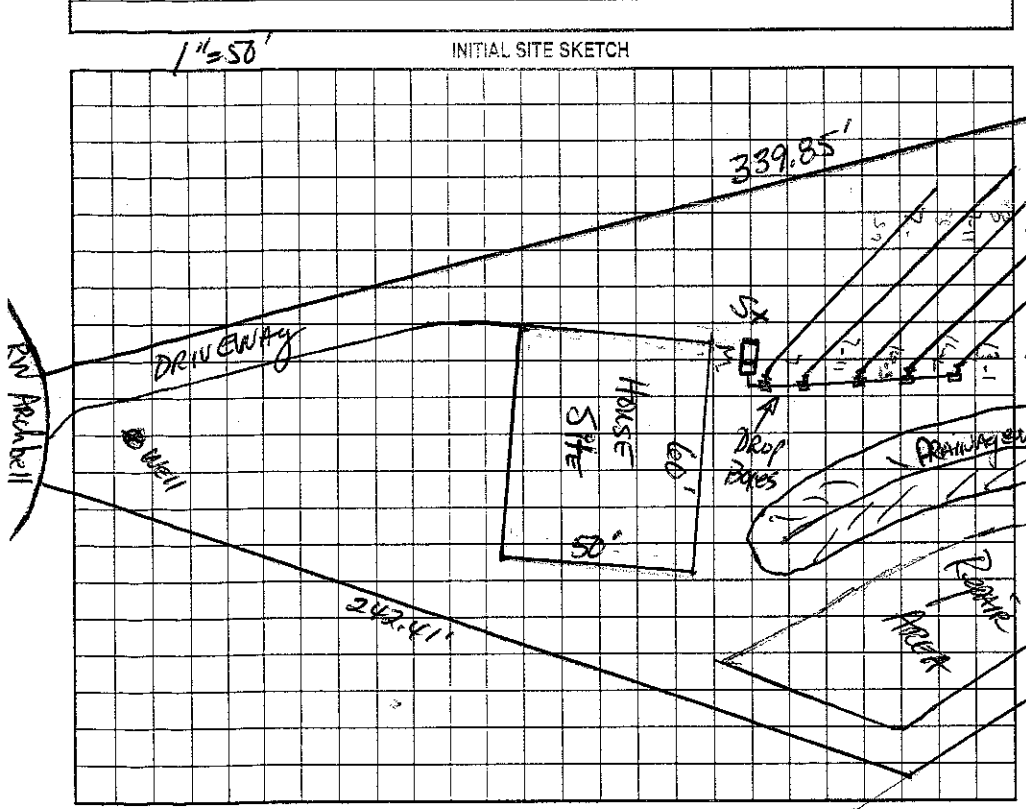
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

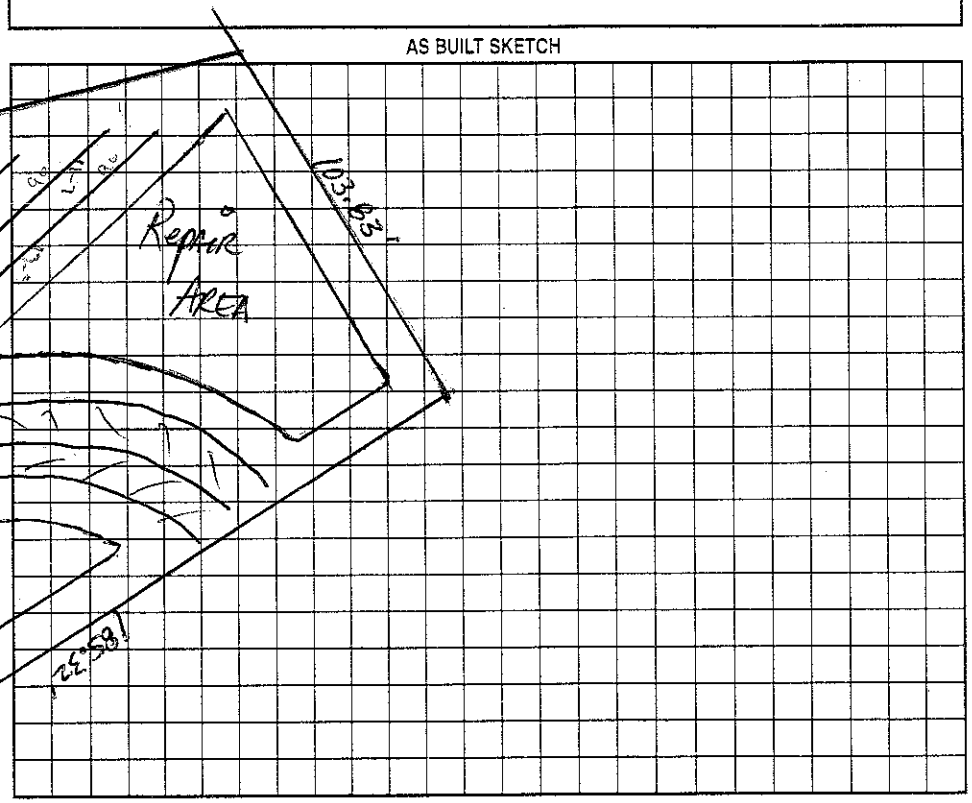
Comments/Conditions:

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1"=50' 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 8-29-02 Installed by: Tim Ammons

Improvement Permit by: _____ date 8-20-02 Operation Permit by: Wesley Sparks RS date 3/8/04

Authorization to Construct by: Wesley Sparks RS date 1/9/03 Existing System Inspection by: _____ date _____

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