IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122537 PIN# 4639-64-0340.012 [illegible] - 4639-53-4960 DATE Feb 3, 2005

OWNER OR CONTRACTOR Shenandoah Dev. Group LLC / Avery-Lyon Homes PHONE: Business _____ Home _____

ADDRESS 1143 D. Executive Circle, Ellenboro N.C. 28040

LOCATION Hwy 64 E. to Forest Rd. N.1 TL Ferris Mill Rd. TL Northington Woods Dr. on Right

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 12 LOT AREA 1.598 ac SITE CLASS PS DESIGN FLOW 440 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1012 Date 7/24/05
Pump Tank: 1000 Gallons; PT 17 Date 11/16/06
Pump Make: Gould Model WE01012H Serial No. K05-40766
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: pm 25% Reduction
Repair System Description: 2 PAPBPS
Maintenance Agreement Required: ☐ Yes ☑ No Initially

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

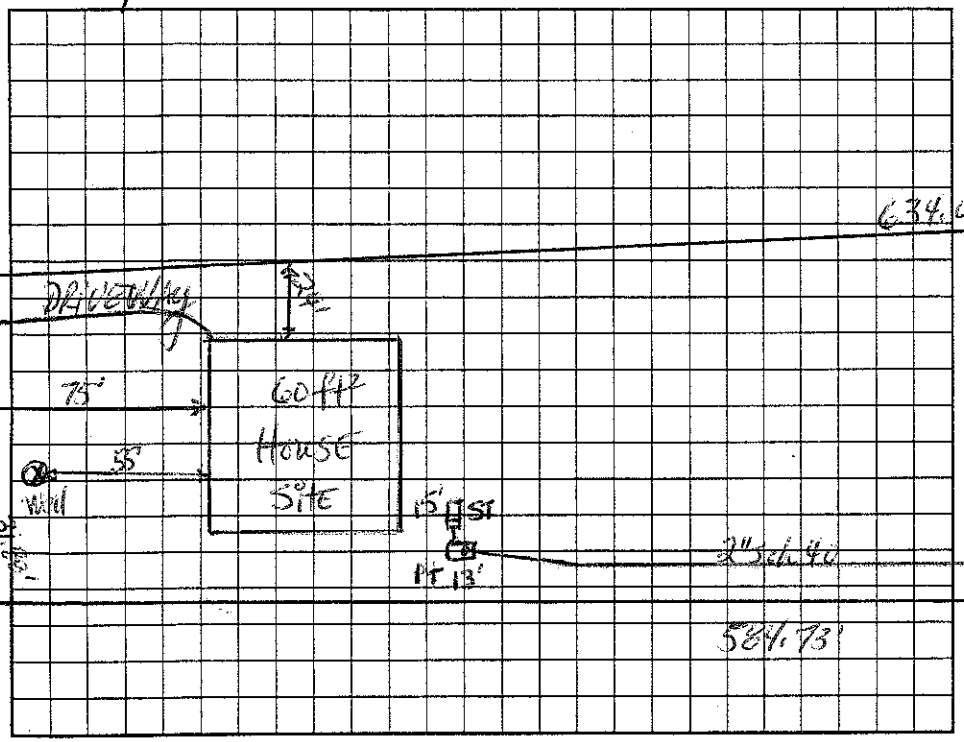
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

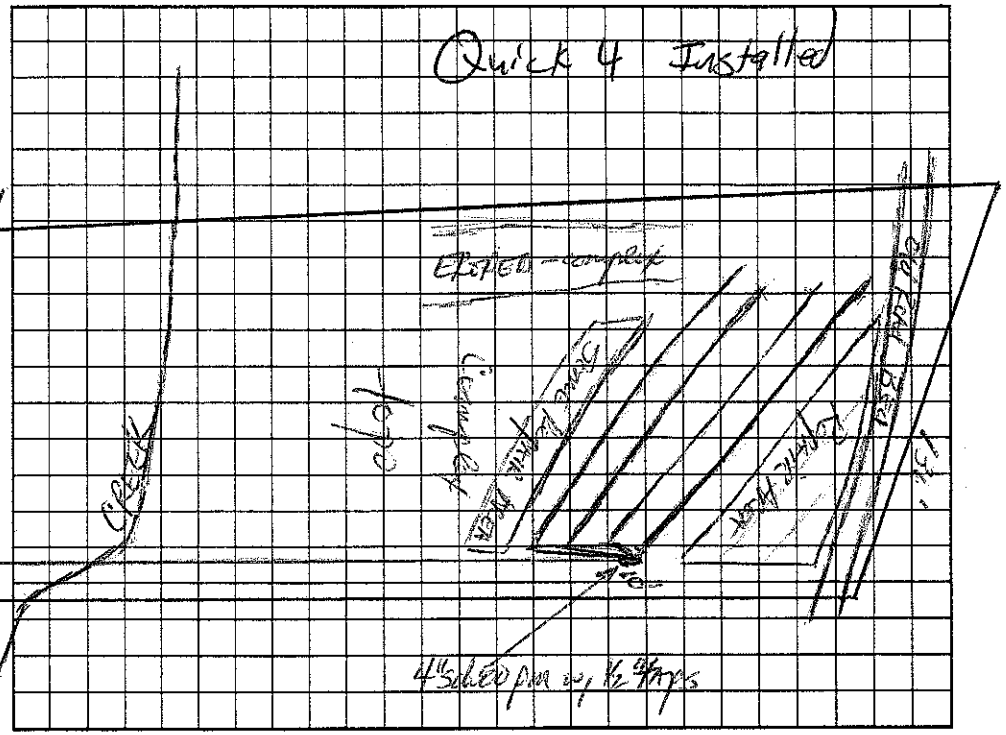
Comments:/Conditions:

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 5/16/05 Installed by: C+S

Improvement Permit by: DR Hamm, RS date 2/3/05 Operation Permit by: _____ RS date 6/9/06

Authorization to Construct by: _____ RS date 9/26/05 Existing System Inspection by: _____ date _____

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122537 PIN# 4639-64-0340.012 [redacted] - 4639-53-4960 DATE Feb 3, 2005

OWNER OR CONTRACTOR Shenandoah Dev. Group LLC / Anaheim Homes PHONE: Business _____ Home _____

ADDRESS 1143 D. Executive Circle, Cary N.C. 27511

LOCATION Hwy 21 North, TL Fern Hill Rd. TL Northington Woods Dr. on Right

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 12 LOT AREA 1.598ac SITE CLASS PS DESIGN FLOW 450gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1012 Date 7/24/05
Pump Tank: 1000 Gallons; PT 17 Date 11/16/06
Pump Make: Gould Model WE01012H Serial No. K05-40766
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 @ 110' 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
Repair System Description: 1PP4BPS
Maintenance Agreement Required: ☐ Yes ☑ No Witnessed

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

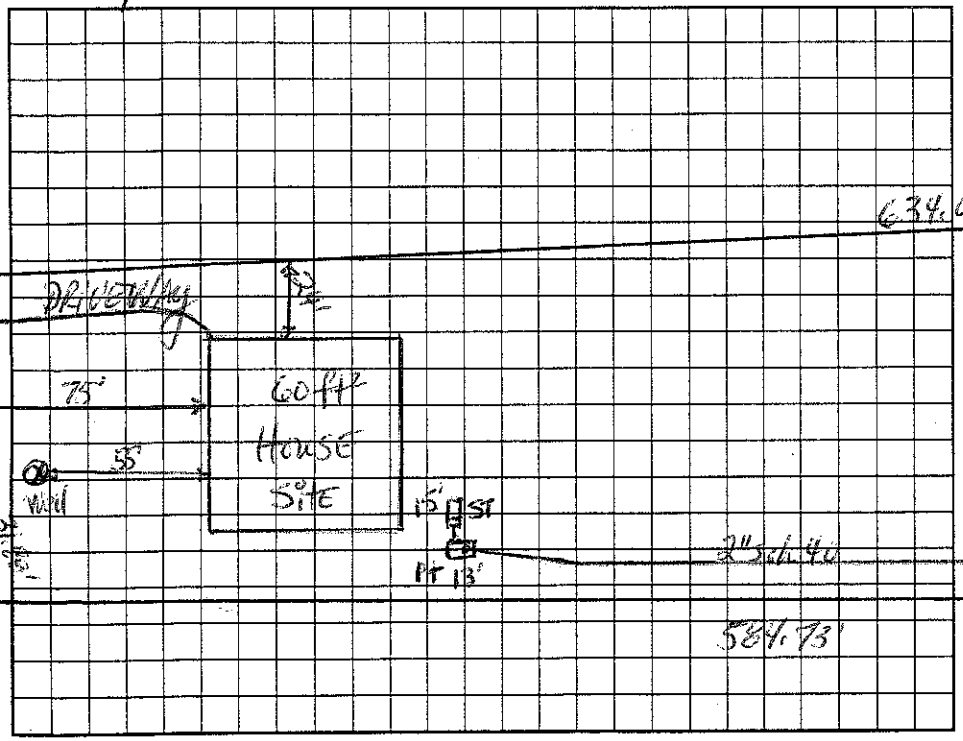
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

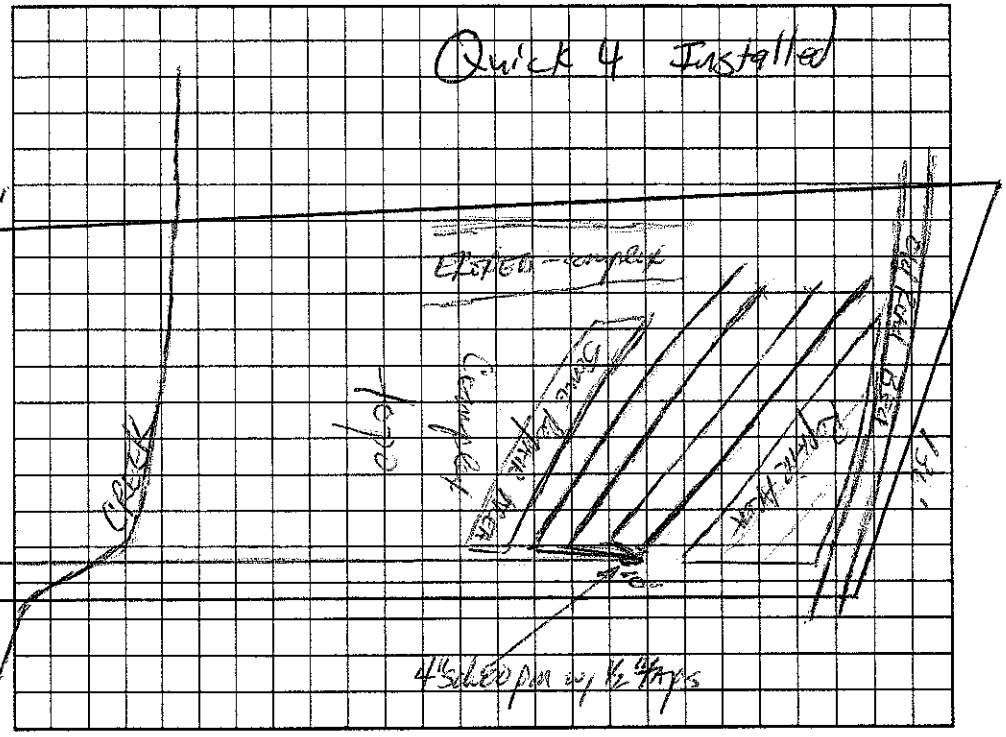
Comments:/Conditions:

INITIAL SITE SKETCH

1"=60'



AS BUILT SKETCH



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Signed _____ date 5/16/05 Installed by: C+S

Improvement Permit by: _____ date Feb 3, 05 Operation Permit by: _____ RS date 6/9/06

Authorization to Construct by: _____ RS date 9/25/05 Existing System Inspection by: _____ date _____

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