IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122538 PIN# ~~4639-64-0346.000~~ 4639-53-5896 DATE Feb 3, 2005

OWNER OR CONTRACTOR Shoreline Development Group LLC / American Homes PHONE: Business _____ Home _____

ADDRESS 1143 N. Executive Cir., Cary, NC 27511

LOCATION North Bd. N. TL Fern Hill Rd TL Northington Woods Dr. on Right across from Waterbury Dr.

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 13 LOT AREA 1.808ac SITE CLASS. PS DESIGN FLOW 460gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 6/26/06
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" Gravel Depth Rock

☑ New System ☐ Repair System Type: I (II) III IV V VI
System Description: County 25% Reduction
Repair System Description: 1 fpnh 25-50% Reduction
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

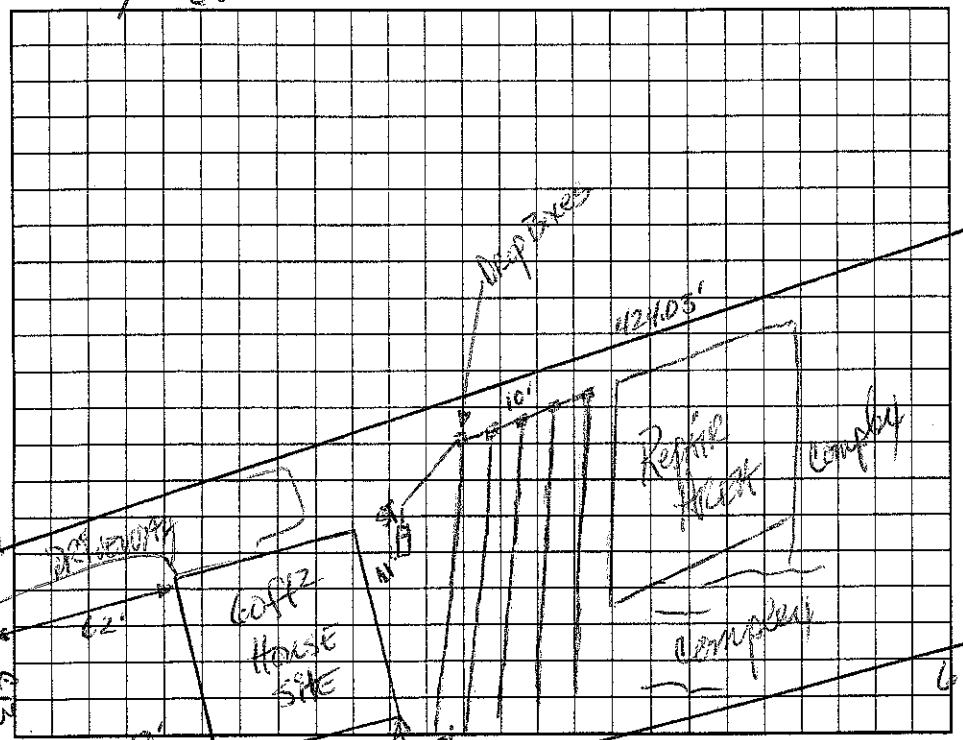
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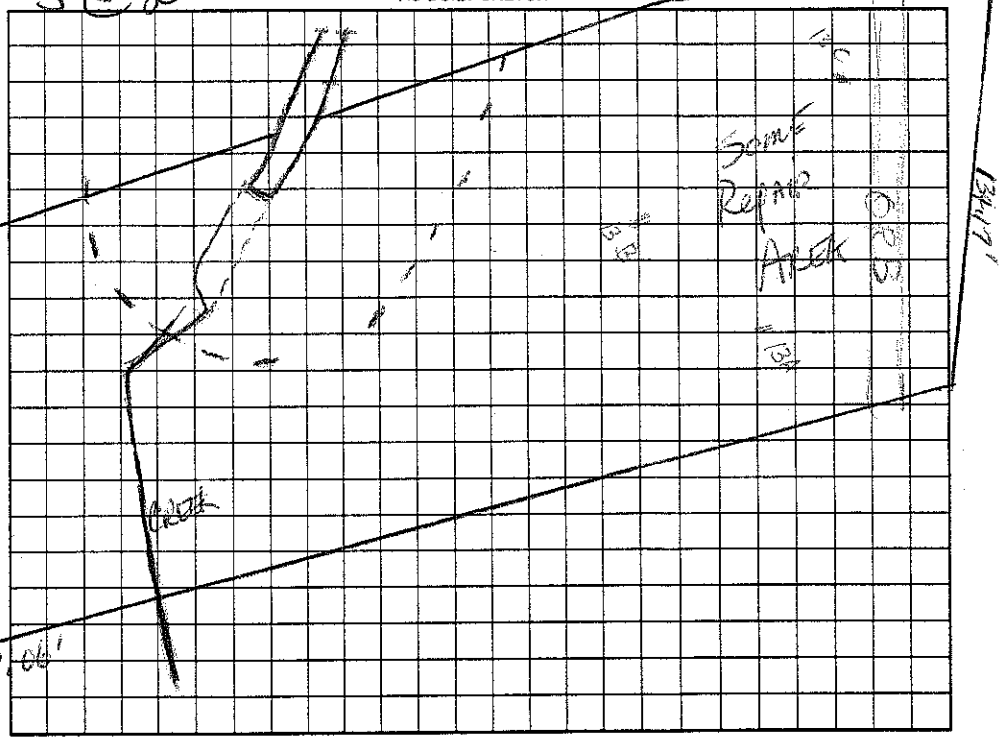
Infiltrator Quick 4 Installed 5@80'

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.

Well Signed: _____ date 5/16/05

Improvement Permit by: _____ date 11/3/05

Authorization to Construct by: _____ RS date 11/16/05

Installed by: Rowan Septic

Operation Permit by: _____ RS date 8/24/06

Existing System Inspection by: _____ date _____

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