IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122540 PIN# ~~4639-64-0340.014~~ 4639 53 6882 DATE 2/4/05

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

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

LOCATION Poth Rd N. TL Ferrell Hill Rd. TL Northington Woods Dr. on Right just past intersection with Waterbury Dr.

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 14 LOT AREA 1.065 Ac SITE CLASS. PS DESIGN FLOW 400 gpd L.T.A.R. .025-3

Septic Tank: 1000 Gallons; STB 10/12 Date 9/11/05

Pump Tank: 1000 Gallons; PT 17 Date 2/26/06

Pump Make: Gould's Model WE05S11 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 640/960 Linear Feet 320

No Lines 4 @ 80' Trench Width 24" min 18" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LPPPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ 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:

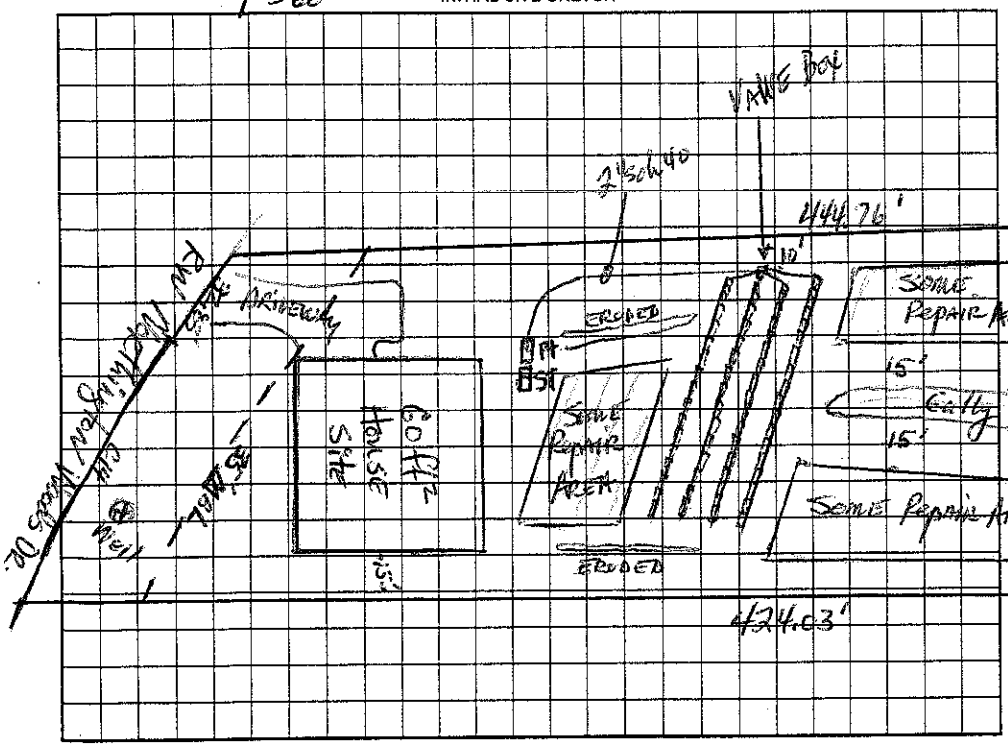
@ 36" max 9oc

In-line filter and anti-siphon hole required on pump tank.

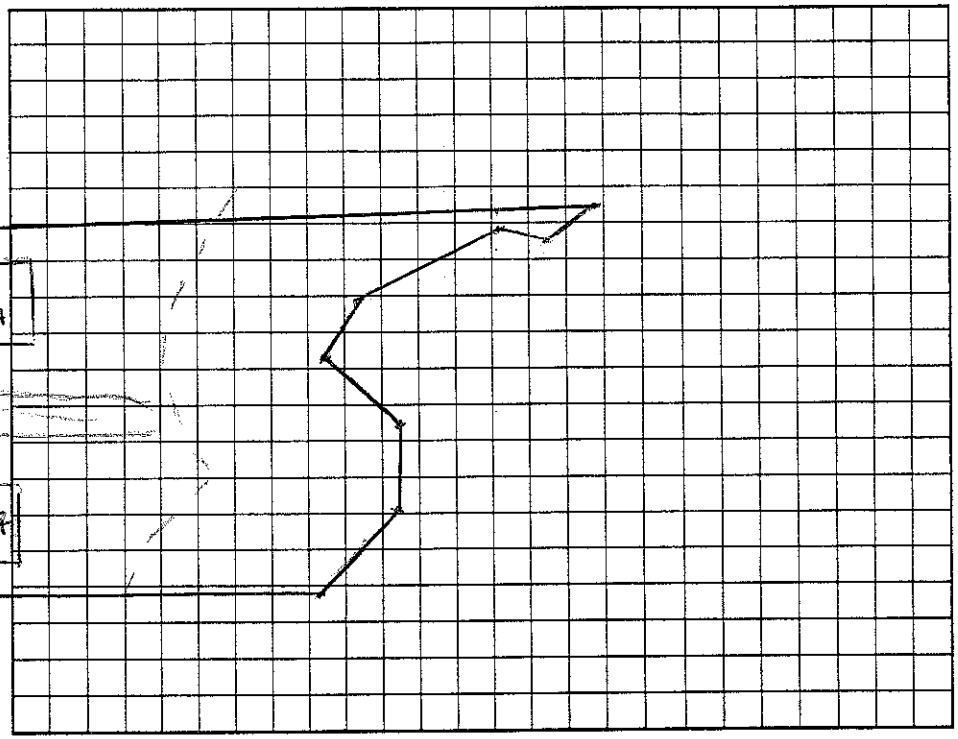
Comments:/Conditions:

75 panels 3/16" holes

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: _____ date 2/4/05 Operation Permit by: _____ RS date 8/31/06

Authorization to Construct by: _____ RS date 2/28/05 Existing System Inspection by: _____ date _____

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