IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122653 PIN# 4639-64-0340,069 DATE April 11, 05

OWNER OR CONTRACTOR Shaverdan Dev. Group LLC / Anahiem Homes PHONE: Business _____ Home _____

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

LOCATION Perth Rd. N. TL Fepsn Hill Rd TL Northington Woods Dr. on left before jct w/ Waterbury Dr.

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 69 LOT AREA .810 ac SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8/25/05

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5@80' 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: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No eventually

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

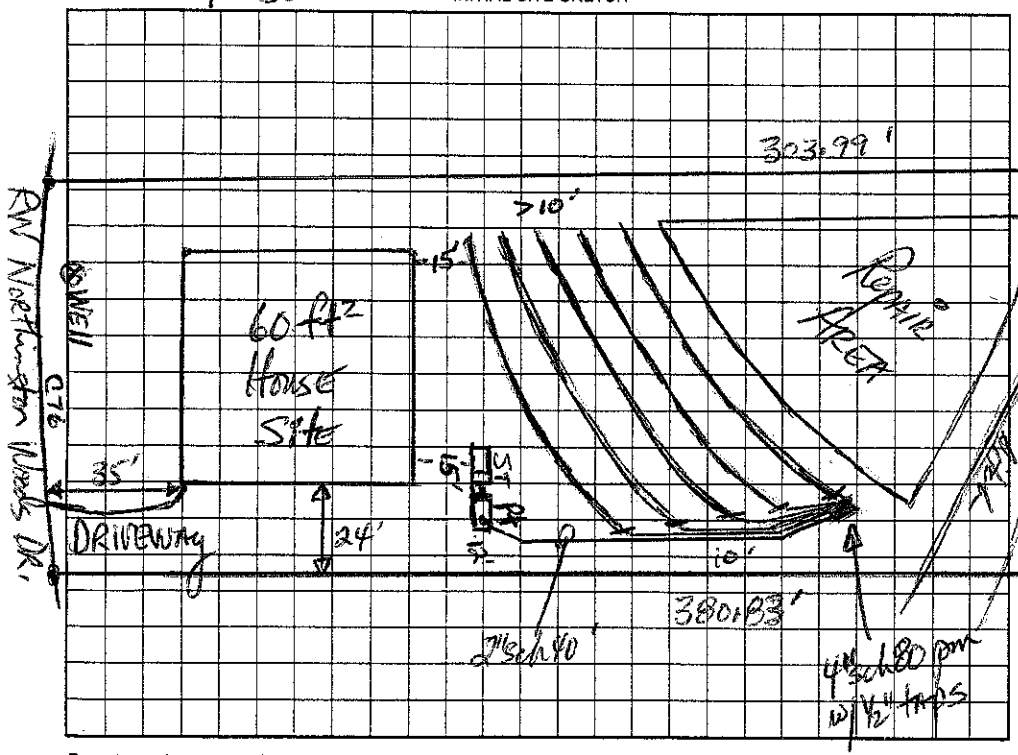
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

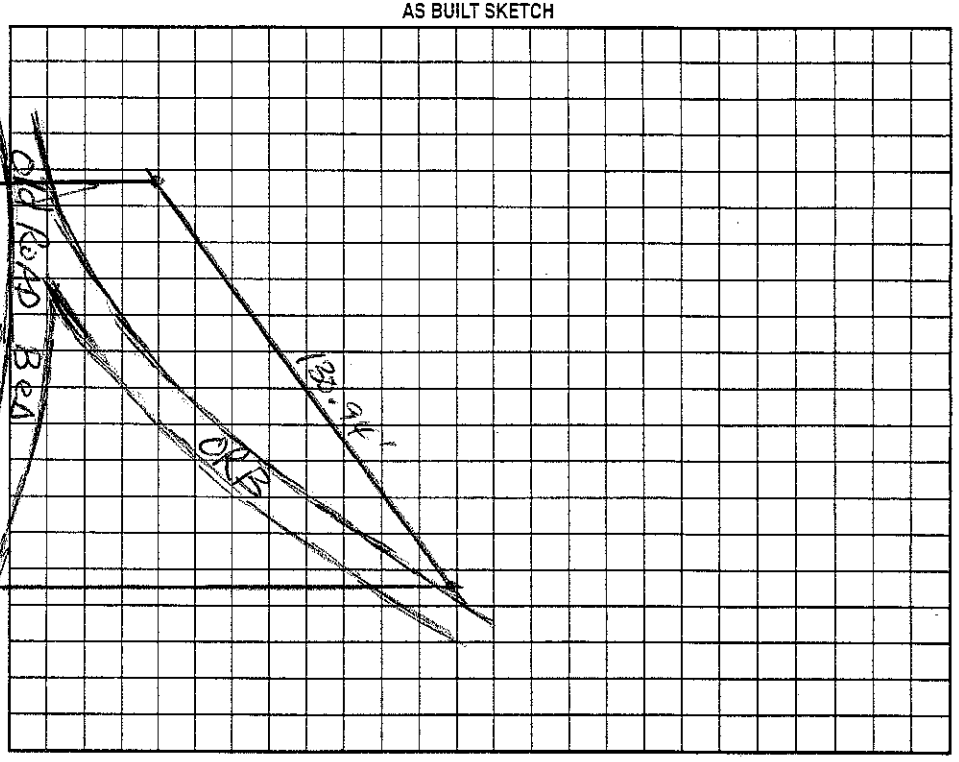
Comments:/Conditions:

1"=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 5-16-05

Improvement Permit by: _____ date 4-11-05

Authorization to Construct by: _____ date 10-5-05

Installed by: C&S

Operation Permit by: _____ date 10/3/06

Existing System Inspection by: _____ date _____

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