IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122662 PIN# 4639 64 0340.073 4639 54 1837 DATE August 31, 05

OWNER OR CONTRACTOR Shoreline Dev. Group LLC / ABBY KIRBY PHONE: Business _____ Home _____

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

LOCATION Beatty Rd. N TL Ferry Hill Rd. TR Northington Woods Dr. 3rd lot on left (SFE 73A across street)

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 73/73A LOT AREA 1.344ac + 1.05ac SFE SITE CLASS. PS SFE DESIGN FLOW 480gpd L.T.A.R. .025-.03 (SFE 73A)

Septic Tank: 1000 Gallons; STB 794 Date 12-10-06
Pump Tank: 1000 Gallons; PT 283 Date 12-11-06
Pump Make: Myers Model ME50 Serial No. 25327
Nitrification Field: No Fields 1 Square Feet 640/960 Linear Feet 320
No Lines 4@80' Trench Width 24"min/30" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LPP PBPS on SFE 73A
Repair System Description: LPPPBPS on SFE 73A
Maintenance Agreement Required: ☒ Yes ☐ No

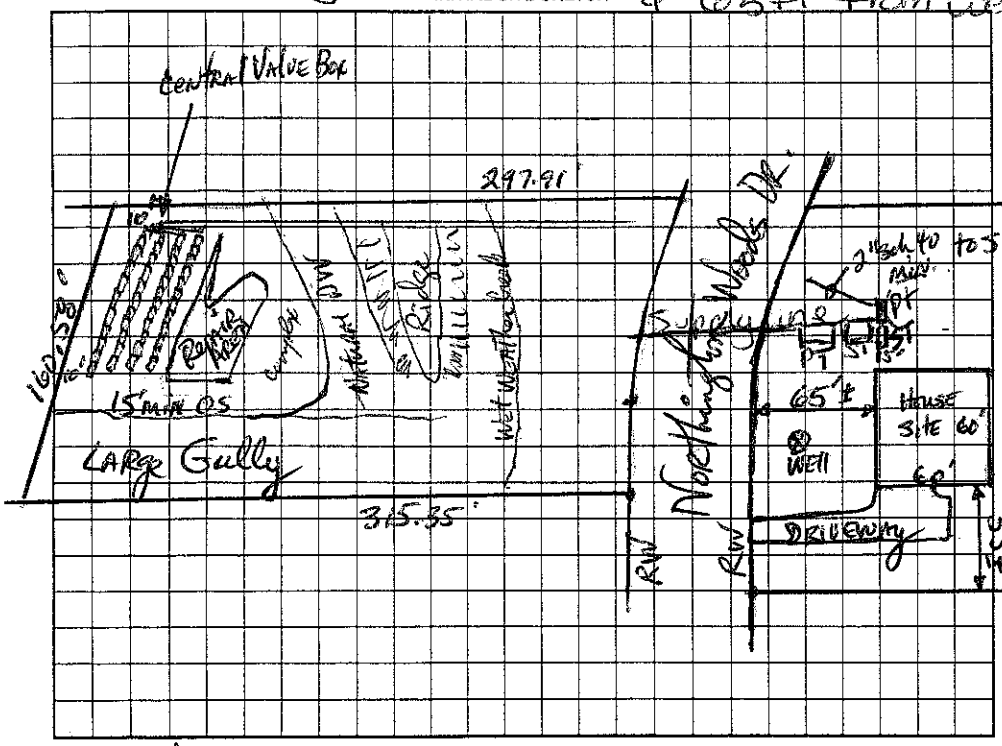
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:
Checked tanks 11/17/07
Checked lines 11/30/07 MD
2/7/07 Supply line installed under road > 36" of 36" cover

Comments:/Conditions: Basement w/plumbing OK if desired
2/8/06 House may be shifted 20' towards road and 20' toward Left Property Line MDS

INITIAL SITE SKETCH @ 605ft from well



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 9-23-05 Installed by: _____

Improvement Permit by: _____ date 8-31-05 Operation Permit by: _____ date 2/8/07

Authorization to Construct by: _____ date 2/8/06 Existing System Inspection by: _____ date _____

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