# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122498 PIN# ~~4659-64-0340.000~~ 4639542071.000 DATE Jan 31, 05

OWNER OR CONTRACTOR Shoreview Dev. Group LLC / Touchstone Dev. PHONE: Business _____ Home _____

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

LOCATION Forest Rd N TL Fern Hill Rd TL Northington Woods Dr. on Right

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 10 LOT AREA 1.337ac SITE CLASS. B DESIGN FLOW 480gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 825 Date 8/16/05

Pump Tank: 1000 Gallons; PT 302 Date 6/20/06

Pump Make: ZOELLER Model N-IC3 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 5 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: On 25% Reduction

Repair System Description: UPPBPS

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

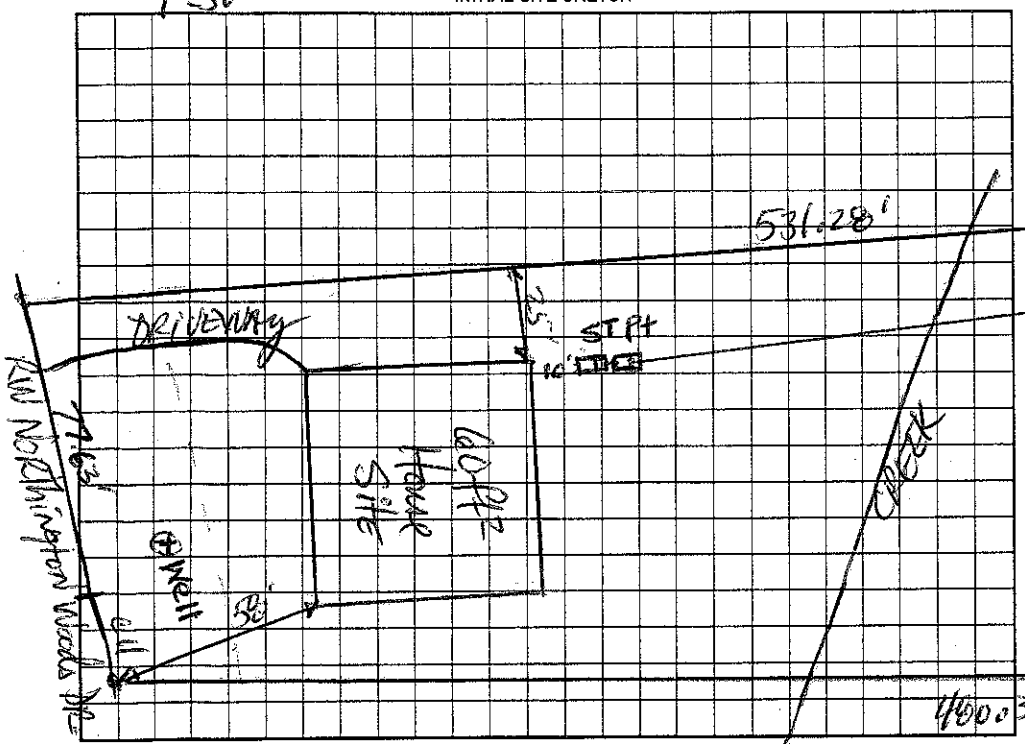
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

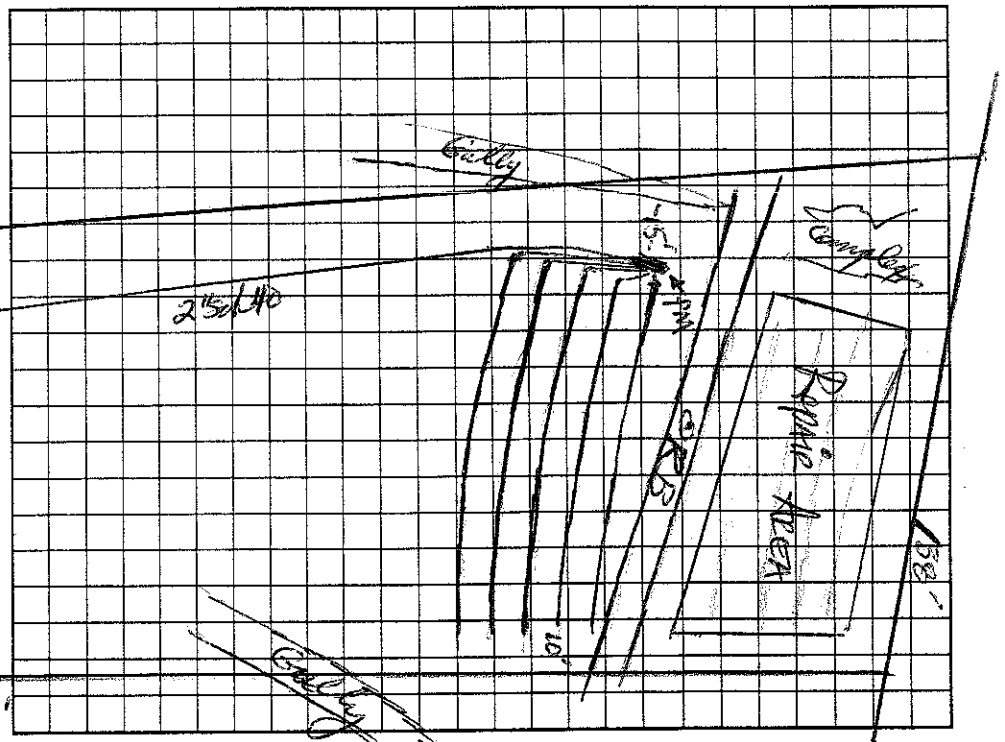
Comments:/Conditions:

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 Installed by: Rawls Septic Tank

Improvement Permit by: _____ date Jan 31, 05 Operation Permit by: _____ date 2/28/07

Authorization to Construct by: _____ date 6/13/06 Existing System Inspection by: _____ date _____

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