IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122661 PIN# 4639-64-0340.072 4639-54-2649 DATE April 12, 2005

OWNER OR CONTRACTOR Shannon Dev. Grp LLC / ATKINSON Custom PHONE: Business _____ Home _____

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

LOCATION Perth Rd N. TL Fern Hill TL Northington Woods Dr. Approx 400-500' on left

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 72 LOT AREA .706Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 825 Date 3/29/06
Pump Tank: 1000 Gallons; PT 302 Date 4/12/06
Pump Make: Zoeller Model N140/1140 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1140 Linear Feet 480
No Lines 6@80' Trench Width 36" Max Trench Bottom Depth 36"

☑ 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 instantly

Gravel Depth NA
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

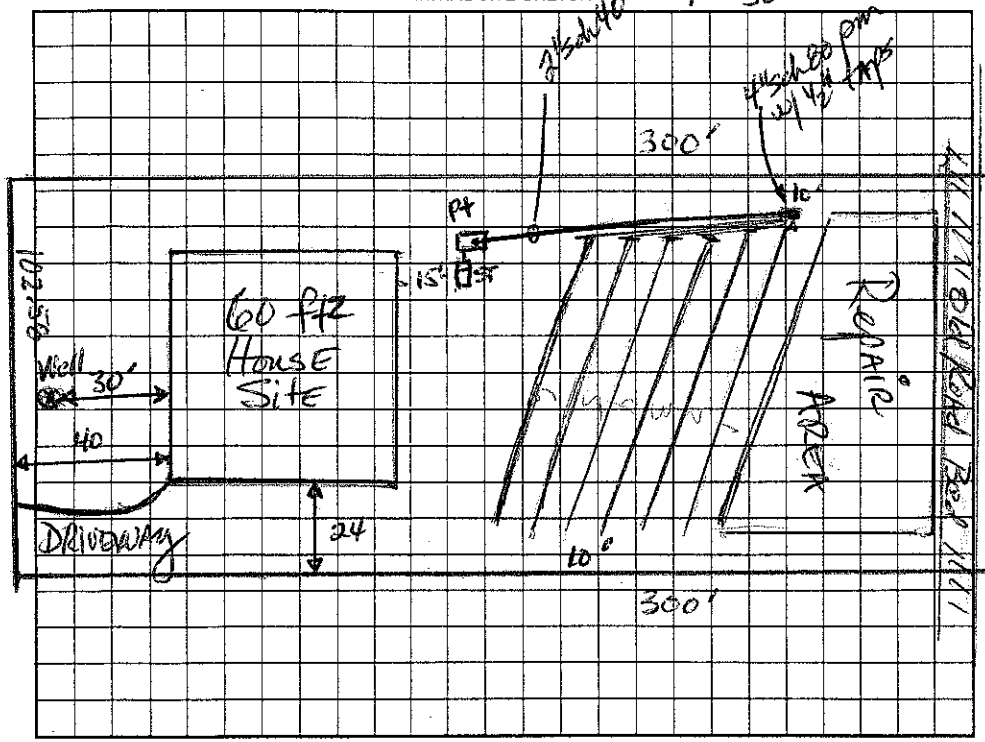
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____

Water Supply:
☑ Individual
☐ Public
☐ Community

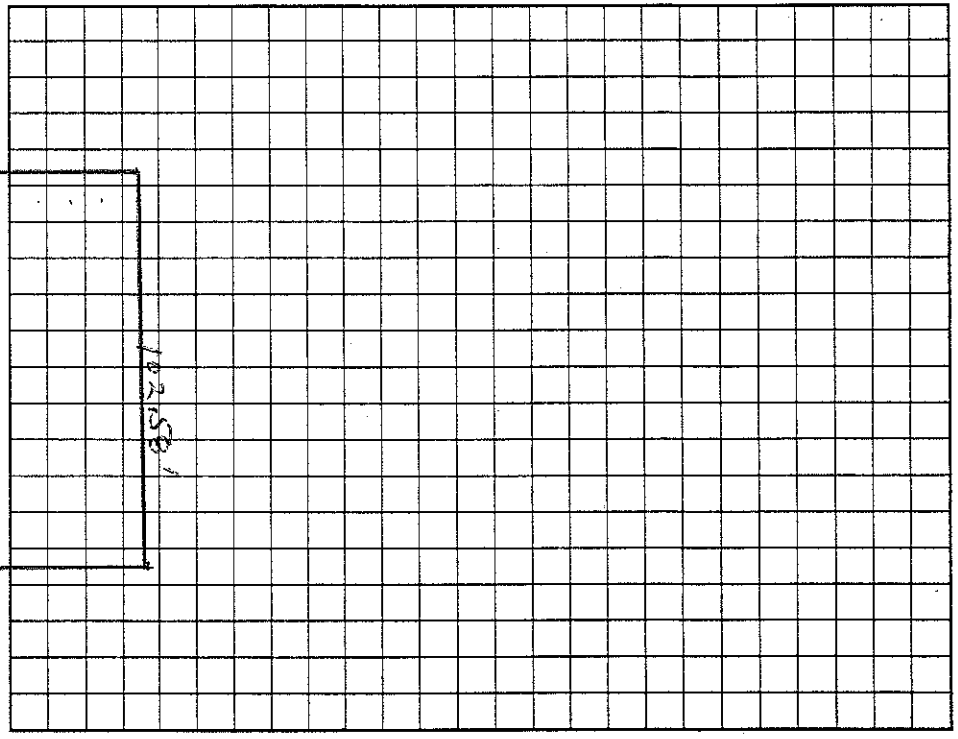
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



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: Joe B Sutton date 5-16-05 Installed by: Rowan Septic

Improvement Permit by: _____ date 4-12-05 Operation Permit by: Wesley Sparks RS. date 11/20/06

Authorization to Construct by: Wesley Sparks RS date 11/30/05 Existing System Inspection by: _____ date _____

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