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~~ 4639544554 DATE April 4, 05

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

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

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

SUBDIVISION Northington Woods BLOCK / SECTION — LOT 69 LOT AREA .810 ± SITE CLASS. PS DESIGN FLOW 400 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8/26/05

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: gm 25% Reduction

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

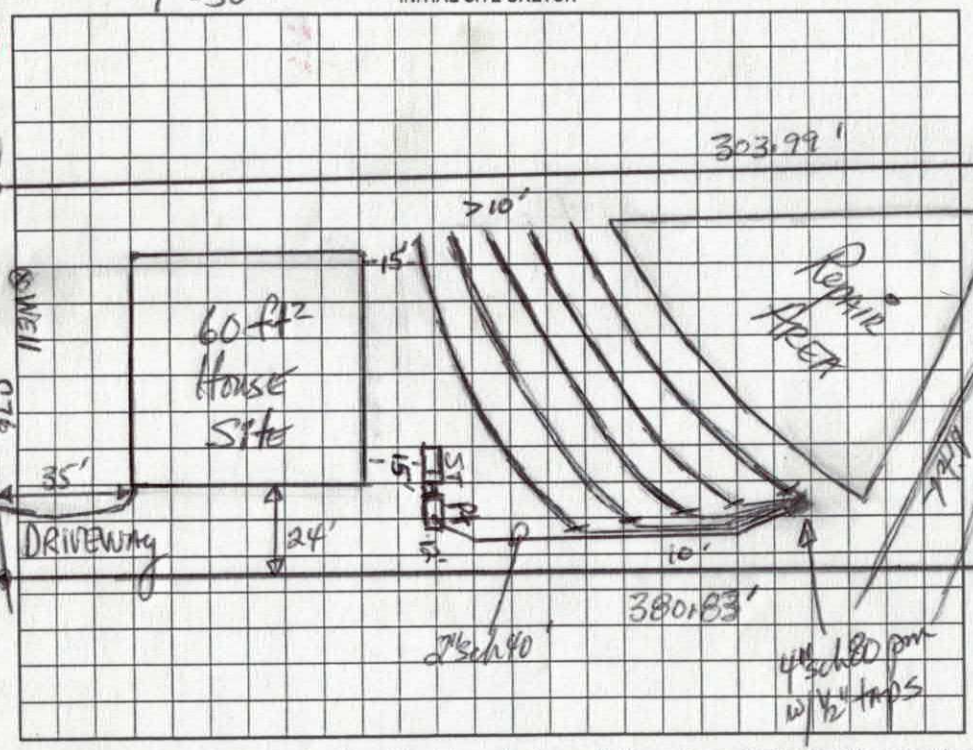
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

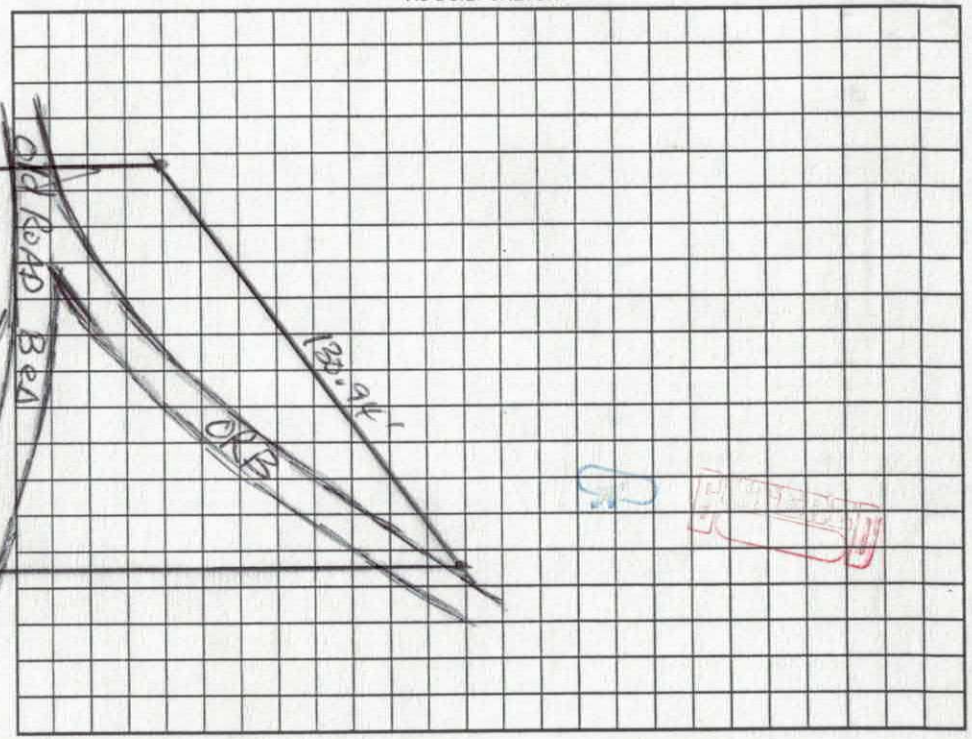
Comments:/Conditions:

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: C&S

Improvement Permit by: _____ date 4-11-05 Operation Permit by: _____ date 10/3/06

Authorization to Construct by: Wesley Sparks R.S. date 10/5/05 Existing System Inspection by: _____ date _____

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Lavender Real Estate APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 10-15-04
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 4 Bdrm PROPERTY SIZE: _____
LOCATION OF SITE: Lot 69 Worthington Woods PROPERTY RECORDED: _____
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-6	gr-wksbk fsl sl fri fr sso sp						.3
		6-30	mksbk, rc/cl	fr sss p					
		30-39	wk fsbk yel L	fr sss p common mid sap					
		39-54	massive 4/sl sap	fr sss p					
2		0-24	mfsbk rc	fr sss p					.3+
		24-36	wk fsbk yel	fr sss p common mid sap					
		36-52	massive 4/pow-gley/brn fsl sap	fr ss mp					
3	7-10%	0-9	gr brn sl/sl	fr sss p					.3
		9-32	wk fsbk rc/cl	fr sss p sap					
		32-51	wk fsbk yel L	fr sss p					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	pm 25% Red	LPP PBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: DA Hunsucker
OTHER(S) PRESENT: Paul Dannunger


(142.51')
(130.94')
(102.09')
(102.59')
(15.00')
300.00'
299.88'
303.98'
414.74'
380.83'
ORB
Ditch
(panel)
Septic Area
LOT 71
30,177 sq.ft.
0.707 acres
LOT 70
31,083 sq.ft.
0.713 acres
LOT 69
36,274 sq.ft.
0.810 acres
LOT 68
40,715 sq.ft.
0.935 acres
S37°05'14"W
S23°02'55"W
S23°52'32"W
S24°35'2
157.81'
N78°44'2
60'
Well
DRIVE
C7
C77
C78
L14
L15
60' R/W
C8
C9
C10
C11
S72°54'46"E
(77.63')

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. **APPLICATION FOR:** ___ Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application**
   The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
ANAHEIM HOMES, INC	P.O. BOX 610 CORNELIUS, NC		704 896-3200
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
NORTHINGTON DR.	NORTHINGTON WOODS	69

Driving Directions: PERTH RD NORTH TL FERNHILL RD TL NORTHINGTON WOODS DR. LOT # 69 ON Left

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

****

6. **Proposed Water Supply:**

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ (✓) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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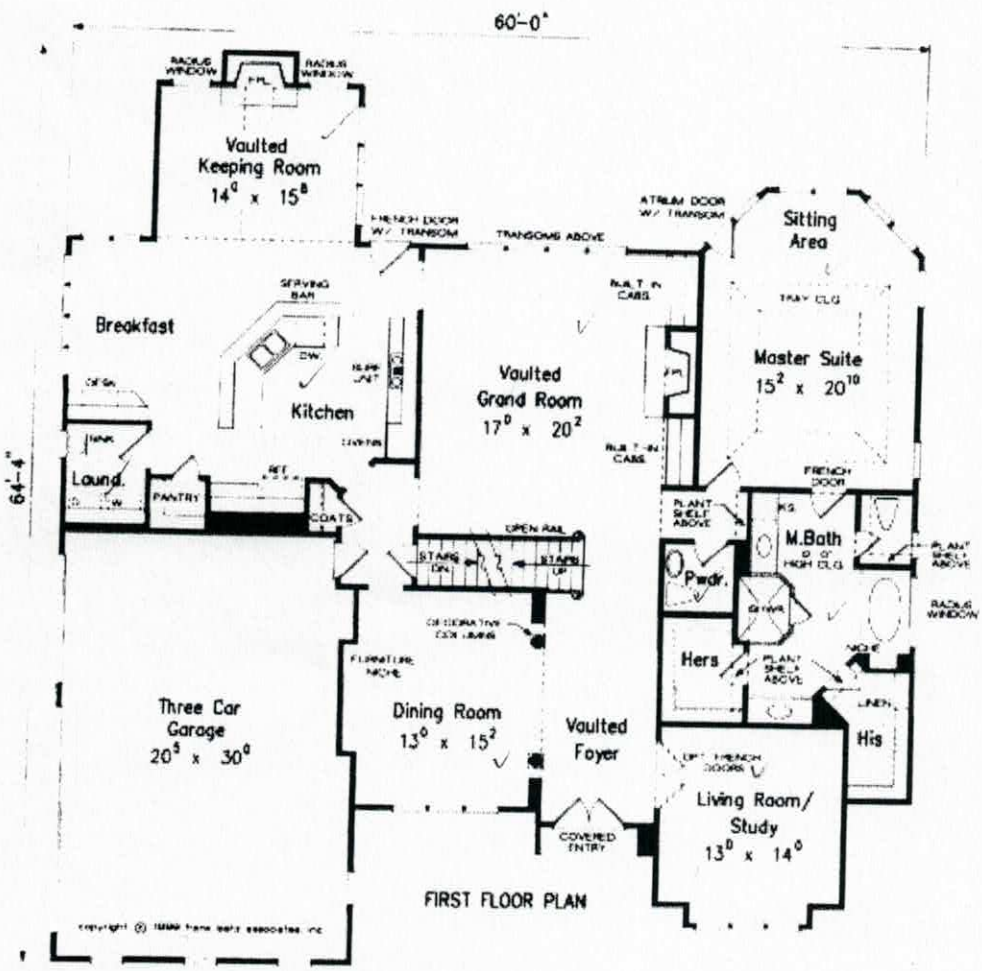
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. **Signature:** _____ 10/5/05
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

FRANK BETZ ASSOCIATES INC

HOMEPLANS *Designed for Today's Market.*

BROOKMERE - Main Floor

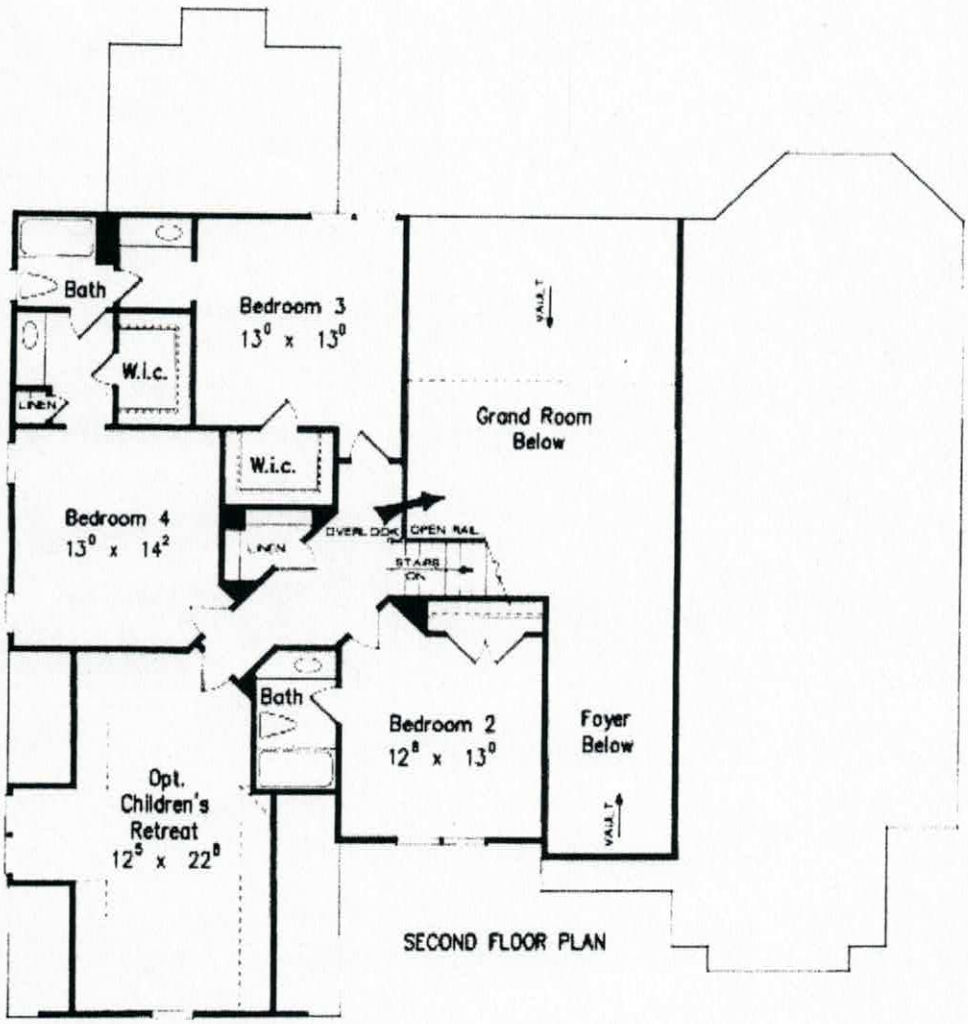


Floorplans and Elevations are subject to change. Floorplan dimensions are approximate. Consult working drawings for actual dimensions and information. Elevations are artists' conceptions.

FRANK BETZ ASSOCIATES INC

HOMEPLANS *Designed for Today's Market.*

BROOKMERE - Upper Floor



Floorplans and Elevations are subject to change. Floorplan dimensions are approximate. Consult working drawings for actual dimensions and information. Elevations are artists' conceptions.

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	122653ZO	Subdivision:	Northington Woods
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 Northington Woods Dr. Mooresville NC 28117		
Parcel #:	4639-64-0340.069	Zoning:	RA
Lot #:	69 Size: .810	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Shavender Devel Group, LLC	Owner:	Shavender Devel Group, LLC
Address:	1143 D. Executive Circle Cary NC 27511	Address:	1143 D. Executive Circle Cary, NC 27511
Phone:		Phone:	
Property Recorded:	No Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 25,000	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Hold building permit until plat has been recorded to document lot creation from parent parcel.

Directions:

US-21 [SR-115] 0.2 Turn LEFT (South-West) onto Flower House Loop [SR-1312] 0.8 Turn LEFT to stay on Flower House Loop [SR-1312] 0.3 Turn RIGHT (West) onto Carlyle Rd [SR-1313] 1.4 8: Turn RIGHT (West) onto Fern Hill Rd [SR-1300] Left onto Northington Woods Dr.

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: Lee B Sullivan Date: 7/19/04

A non-refundable fee of $45.00 is charged on all permit applications.

ELLIOTTE BLACKWELL Printed: 7/12/2004