IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122652 PIN# ~~4651-64-0340.000~~ 4639545552.000 DATE April 11, 05

OWNER OR CONTRACTOR Shaverdian Properties Group LLC / Anaheim PHONE: Business _____ Home _____

ADDRESS 1143 D. Executive Circle, Cary N.C. 28115

LOCATION Fourth Rd N. TR Fern Hill TR Worthington Woods Dr. on left before jct w/ Waterbury Dr.

SUBDIVISION Worthington Woods BLOCK / SECTION _____ LOT 68 LOT AREA .935 AC SITE CLASS. BS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 724 Date 8/11/06

Pump Tank: 1000 Gallons; PT 40 Date 8/29/06

Pump Make: Zoeller Model N153 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 N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Pm - 25% Reduction

Repair System Description: Same type

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

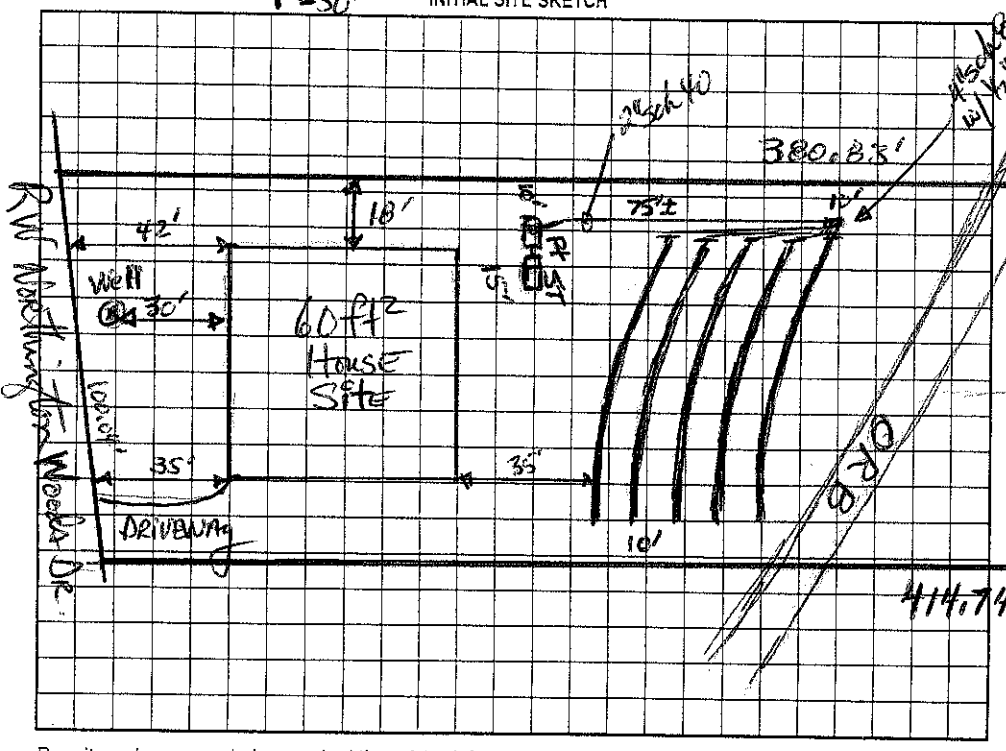
Water Supply: ☑ Individual ☐ Public ☐ Community

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

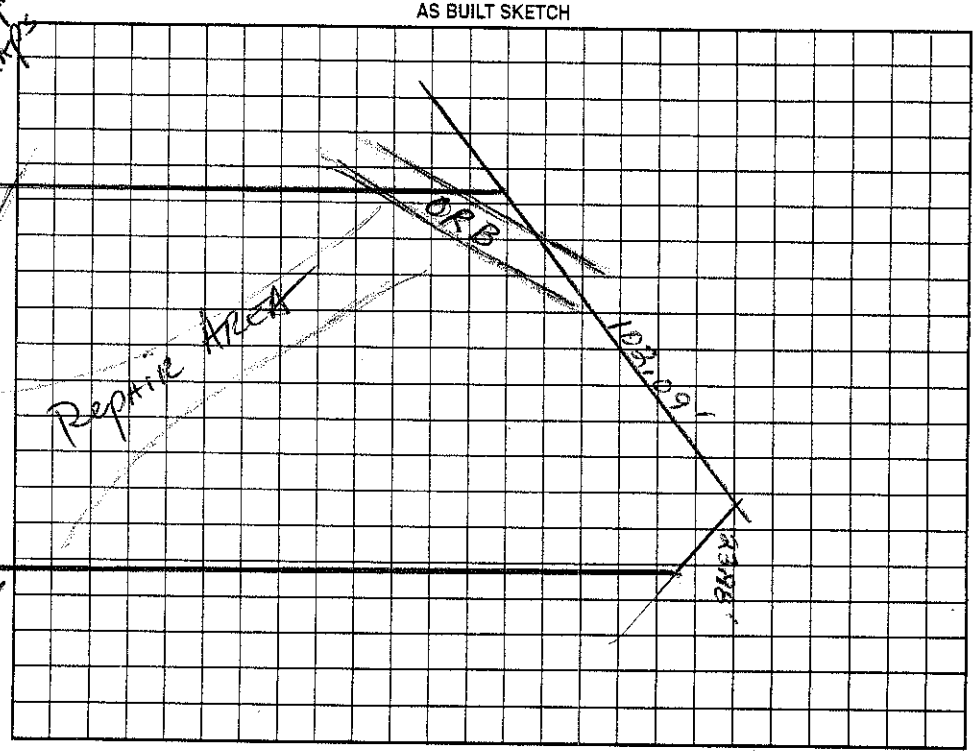
Comments:/Conditions: Reviewed Building plans essentially in Compliance with I.P.

Comments:/Conditions: 35% Reduction Installed 348' Quick 4

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: Rays

Improvement Permit by: _____ date 4-11-05 Operation Permit by: _____ date 4/16/07

Authorization to Construct by: _____ date 3/17/06 Existing System Inspection by: _____ date _____

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