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# ~~4659-64-0340.000~~ 4639545552.000 DATE April 11, 05

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

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

LOCATION ~~North Rd N. TL Fern Hill~~ TL Worthington Woods Dr. on left before jct w/ Wakebury Dr.

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

Septic Tank: 1000 Gallons; STB 324 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 NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 1pm - 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 _____

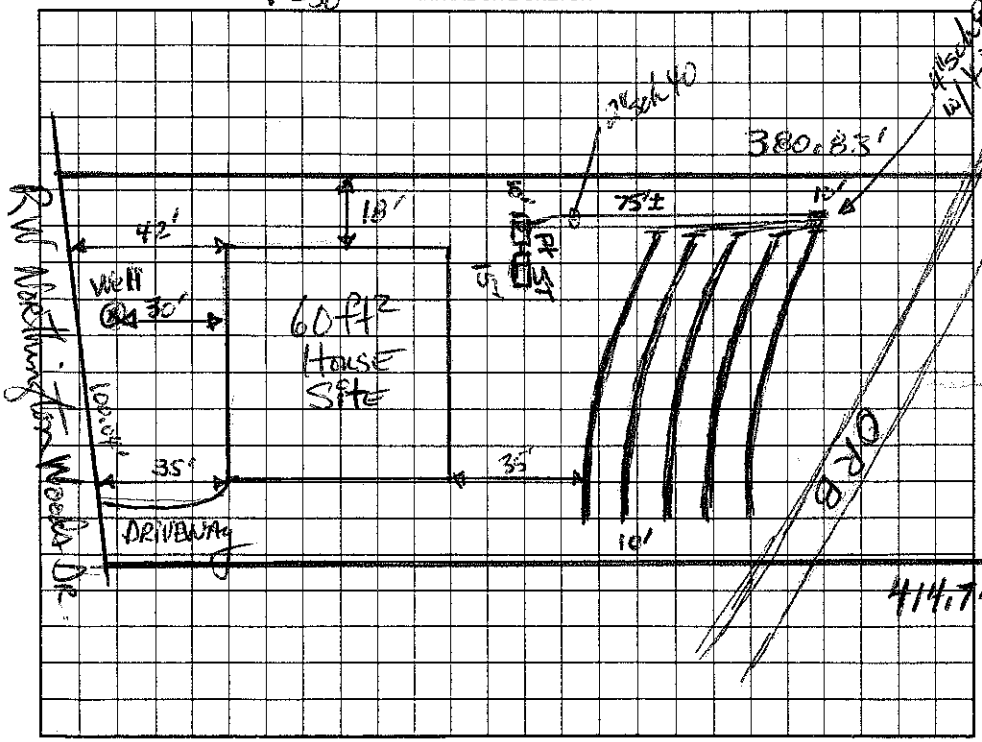
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

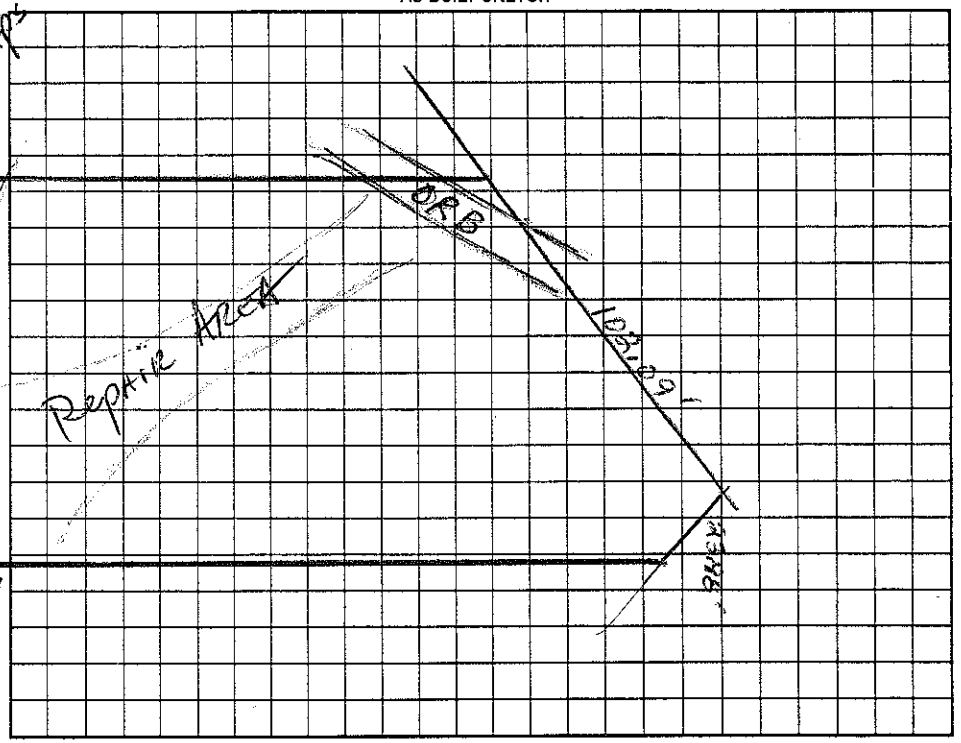
Comments:/Conditions: Reviewed Building Plans essentially in Compliance with I.P.

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: Ray's

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