IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122651 PIN# 4639-64-0340.067 4639-54-6446 DATE April 11, 05

OWNER OR CONTRACTOR Shawndale Nat. Group / ANAHEIM HOMES INC PHONE: Business _____ Home _____

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

LOCATION Peth RD N. TL Fern Hill TL Northington Woods Dr. on left before jct w/ Waterbury DR.

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 67 LOT AREA ±898Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 4821 Date 8/11/05
Pump Tank: 1000 Gallons; PT 40 Date 8/20/06
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"

☑ 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

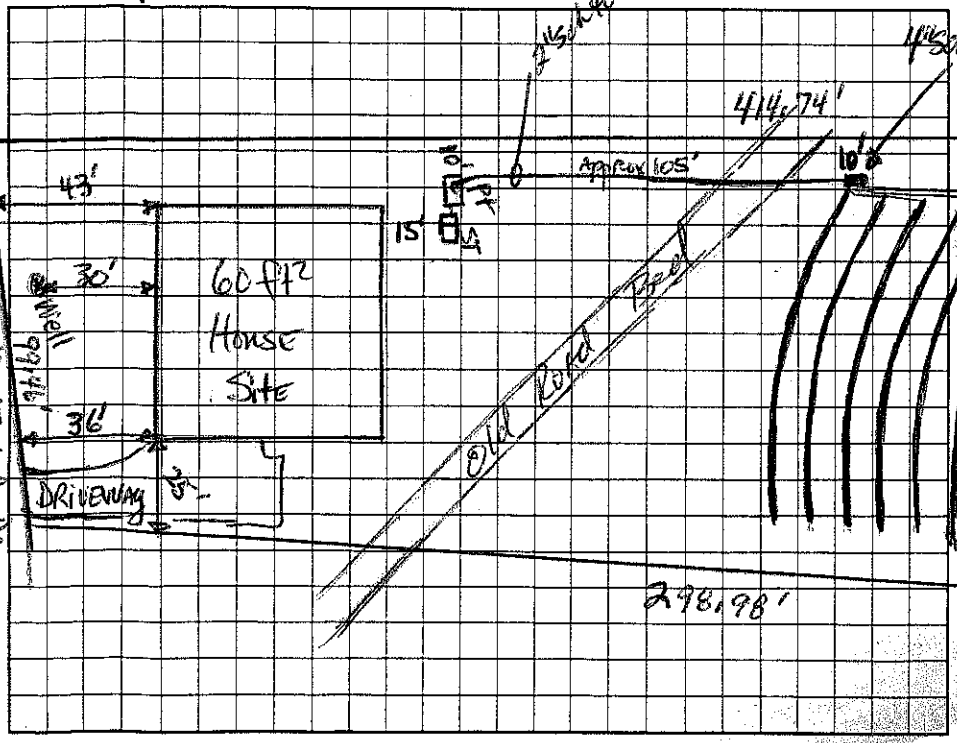
Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

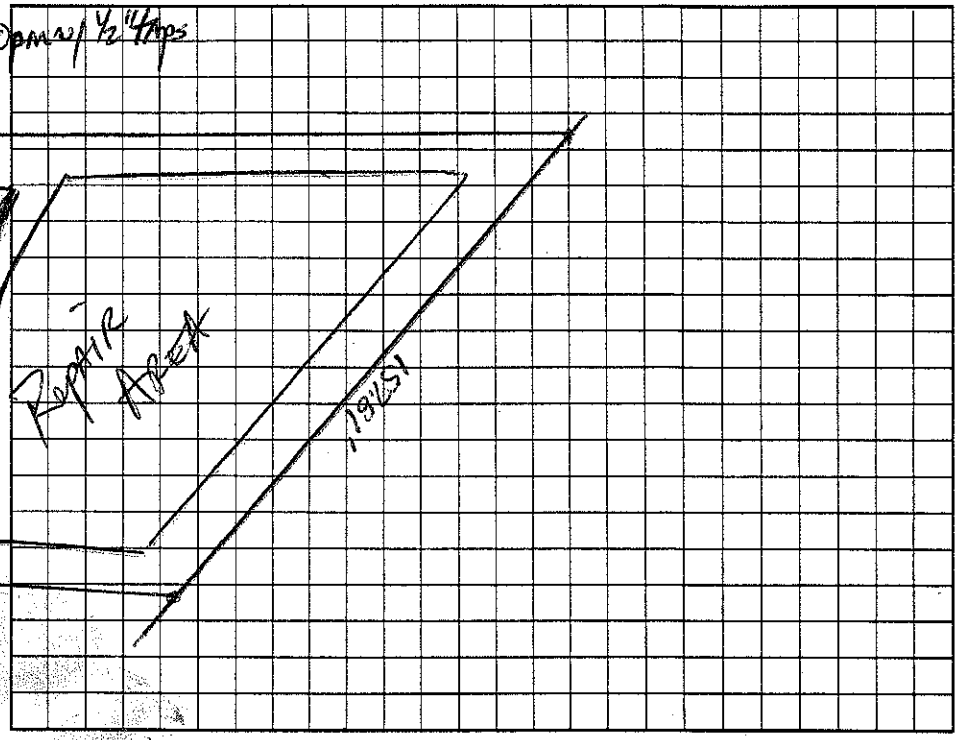
Comments:/Conditions:
35% Reduction Installed
348'
Quick 4

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 11/17/06

Authorization to Construct by: _____ date 1/10/06 Existing System Inspection by: _____ date _____

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