# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122650 PIN# ~~4639-64-0340.000~~ 4639-54-7324 DATE April 11, 2005

OWNER OR CONTRACTOR Shavender Jeet - Group LLC / Ronnie Broome PHONE: Business _____ Home _____

ADDRESS 1143 D. Executive Circle / Cary, N.C. 27511

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

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 66 LOT AREA .915 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 10/9/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 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: Gravity 25% Reduction

Repair System Description: Gravity Pumped 25% Red.

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

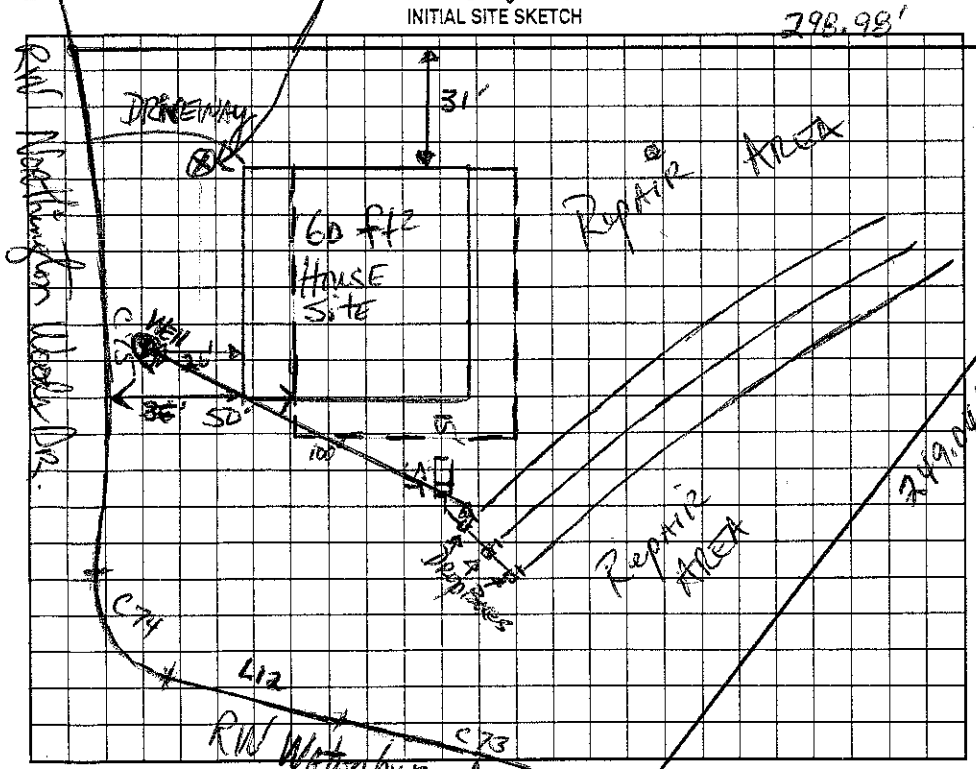
Comments:/Conditions:

House to move. 50' From Rd

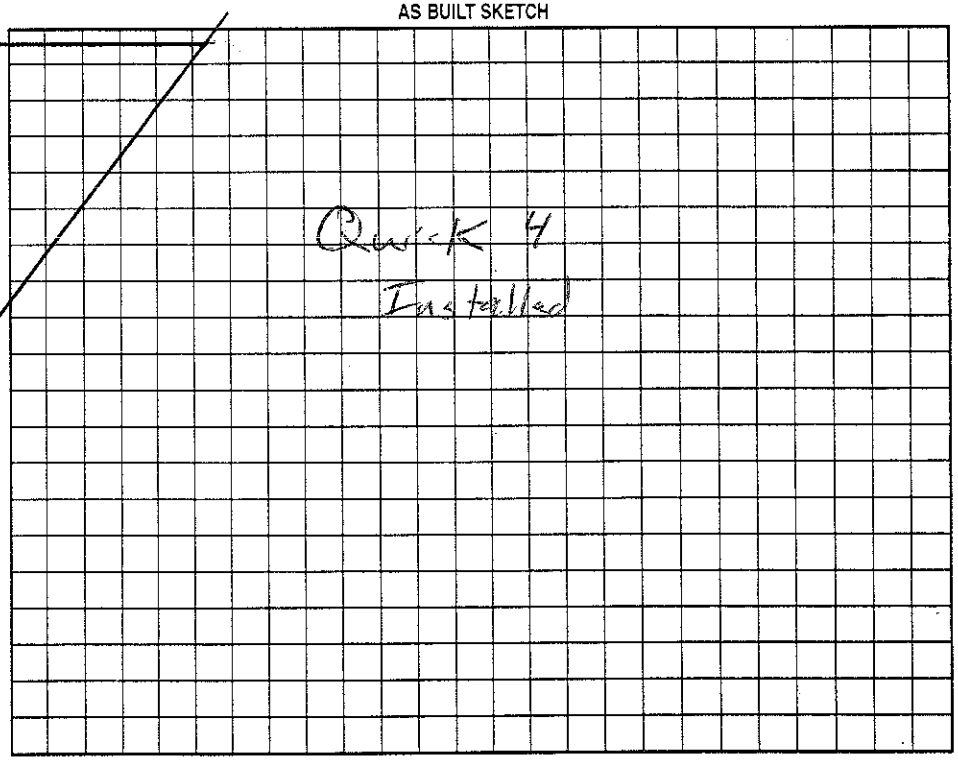
1"=50' Possible Well site

Comments:/Conditions:

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 5-10-05 Installed by: Tommy Frye

Improvement Permit by: _____ date 4-11-05 Operation Permit by: _____ RS date 5/30/06

Authorization to Construct by: _____ RS date 12/6/05 Existing System Inspection by: _____ date _____

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