IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12645 PIN# ~~4639-64-0340, 060~~ 4639 54 7983 DATE April 19, 05

OWNER OR CONTRACTOR Shoreside Dev. Group LLC / DAVID GLASCOCK PHONE: Business _____ Home _____

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

LOCATION Perth Rd N. TL Fern Hill Rd TL Northington Woods Dr. TL Waterbury Dr. TL Whispering Cove Ct. 3rd lot on left

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 60 revised LOT AREA 2.314 Ac SITE CLASS. PS DESIGN FLOW 460gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 1/14/07

Pump Tank: 1000 Gallons; PT 283 Date 11/28/06

Pump Make: MYERS Model ME75-21 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 640/960 Linear Feet 320

No Lines 3 Trench Width 24"/36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LPPPBPS

Repair System Description: LPPPBPS

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

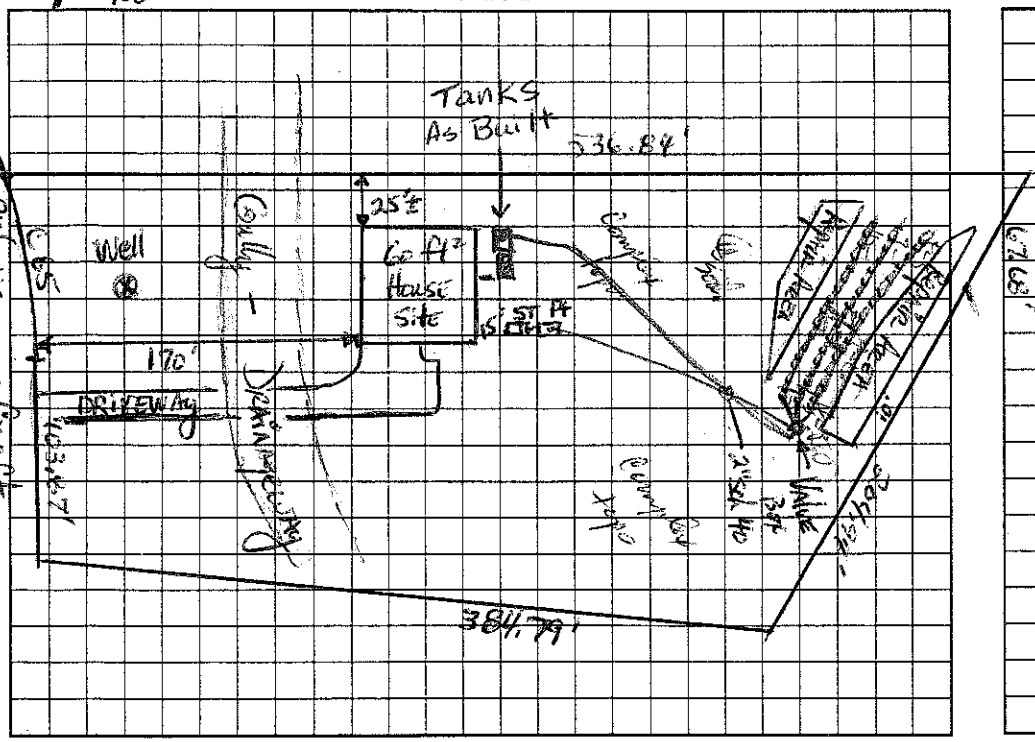
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: 24" to 36" trans 9'oc

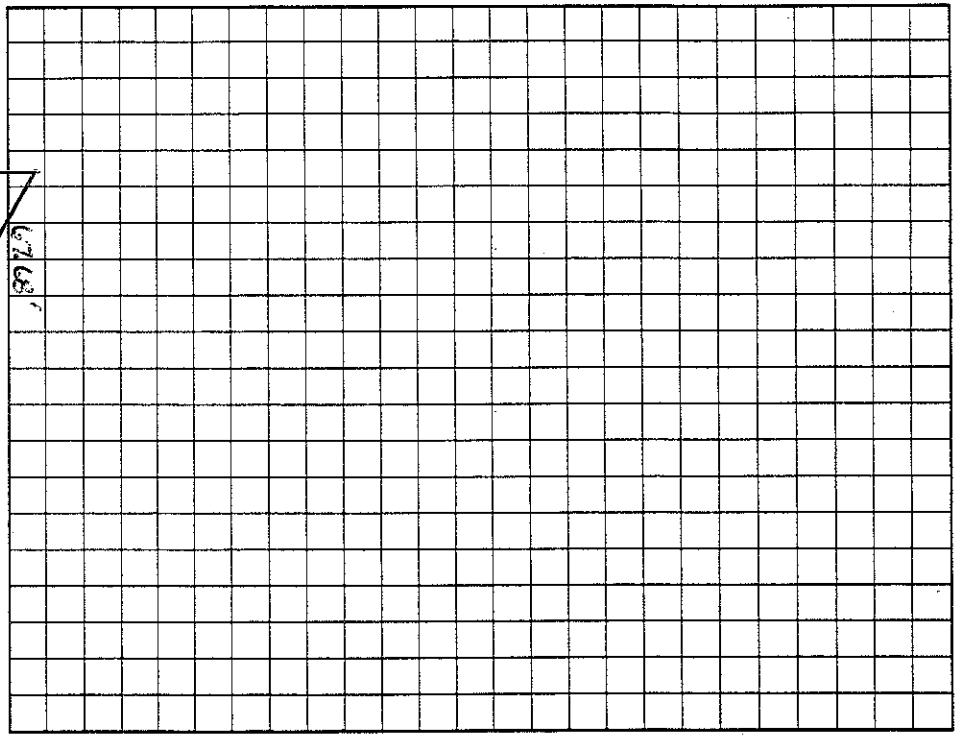
Comments:/Conditions:

1" = 100'

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 5-15-05 Installed by: _____

Improvement Permit by: _____ date 4-19-05 Operation Permit by: _____ date 4/2/07

Authorization to Construct by: _____ date 5/24/06 Existing System Inspection by: _____ date _____

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