IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 [redacted] MOORESVILLE 704-664-5281 2:00

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

PERMIT# 122694 PIN# 4639-64-0340, 076 4639-55-0037 DATE April 19, 05

OWNER OR CONTRACTOR Shoreline New Comp LLC / GILMORE JOHNSON PHONE: Business _____ Home _____

ADDRESS 1143 No Executive Circle, Cary N.C. 27511

LOCATION Perth Rd. N. TL Fern Hill Rd. TL Northington Woods Dr. 1st lot on left

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 76 LOT AREA .70AC SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1017 Date 5/7/07
Pump Tank: 1000 Gallons; PT 17 Date 4/17/07
Pump Make: Goulds Model PE-SIM 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: pm 25% Reduction
Repair System Description: LPPBDS
Maintenance Agreement Required: ☐ Yes ☑ No initially

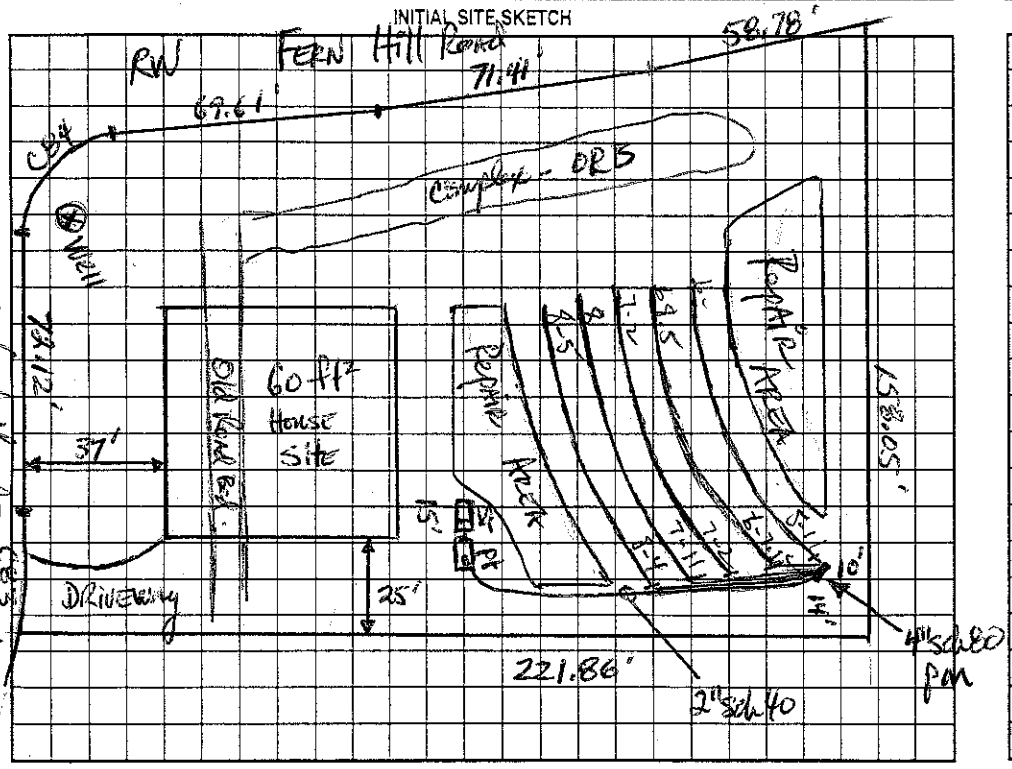
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Public
☐ Community

Comments/Conditions:

Comments/Conditions: Tanks, Drainfield, PM.
Pressure & floats checked 11/9/07

INITIAL SITE SKETCH



AS BUILT SKETCH

Checked Alarm 8-25-10
Breakers Not Marked
Alarm Checked
8-26-10

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: _____

Improvement Permit by: _____ date 4-19-05 Operation Permit by: _____ REHS date 8-26-10

Authorization to Construct by: _____ RS. date 2/20/06 Existing System Inspection by: _____ date _____

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