IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122641 PIN# ~~4659-64-0340.000~~ 4639558347.000 DATE March 29, 05

OWNER OR CONTRACTOR Shoreline Dev. Group LLC / Andrew Homes PHONE: Business _____ Home _____

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

LOCATION North Rd. N. TL Ferebee Hill Rd. R Northington Woods Dr. TL Waterbury Dr. TL Whispering Cove Ct. on left at end

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 56 LOT AREA .938Ac SITE CLASS B DESIGN FLOW 440gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 253 Date 11-2507

Pump Tank: 1000 Gallons; PT 17 Date 12-5-07

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 NA

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

System Description: pm - 25% Reduction

Repair System Description: pm/LP 25-50% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

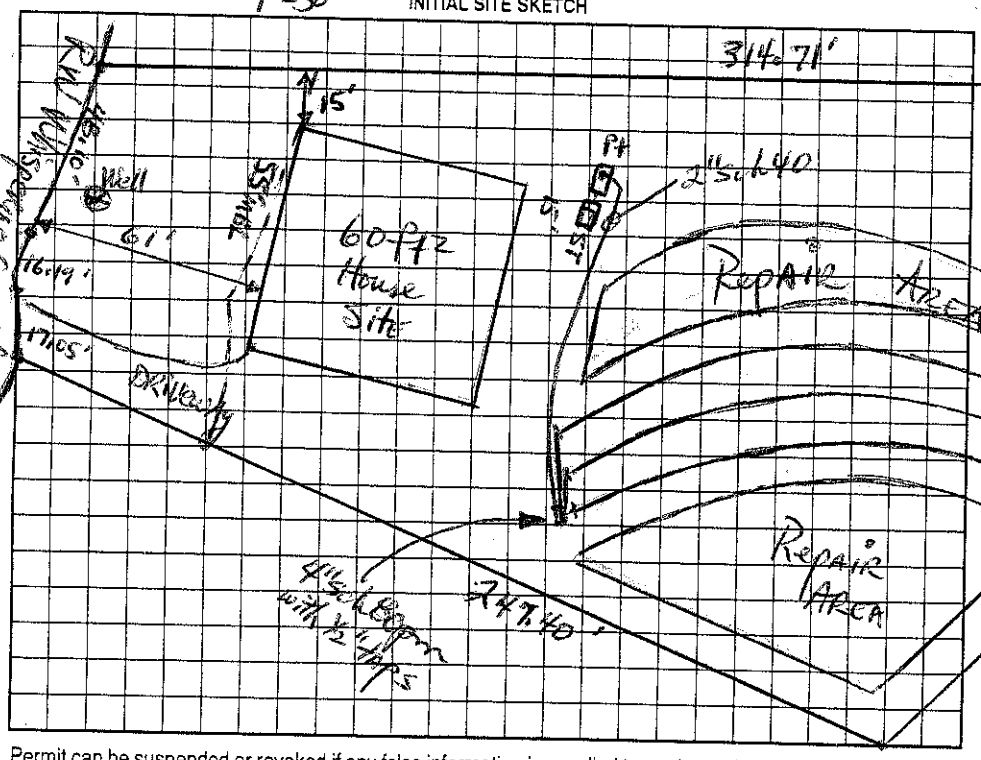
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

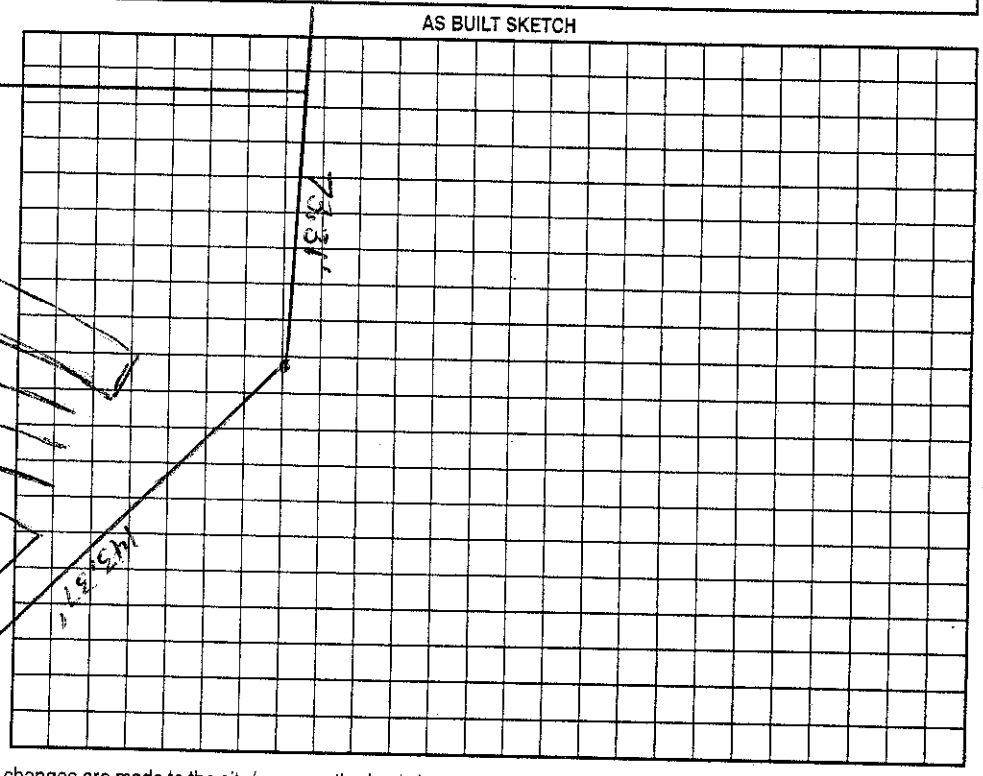
Comments:/Conditions:

Comments:/Conditions:

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: CS

Improvement Permit by: _____ date 3-29-05 Operation Permit by: _____ date 3/6/07

Authorization to Construct by: _____ date 6/2/06 Existing System Inspection by: _____ date _____

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