IREDELL COUNTY HEALTH DEPARTMENT

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

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

Lot 25 Northington Woods

PERMIT# 124979 PIN# 4639-64-0340.023 DATE Feb 24, 05

OWNER OR CONTRACTOR Shavender Dev Group LLC PHONE: Business _____ Home _____

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

LOCATION Poeth Rd N. TL Fern Hill TL Northington Woods Dr. on left at end

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 23 Revised LOT AREA 1.779 Ac SITE CLASS. PS DESIGN FLOW 460 gpd L.T.A.R. .03

Septic Tank: 1 1000 Gallons; STB _____ Date _____

Pump Tank: 1 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model 10' Serial No. _____

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

No. Lines 6 @ 65' 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 OR LPP PBFS

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth NA

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

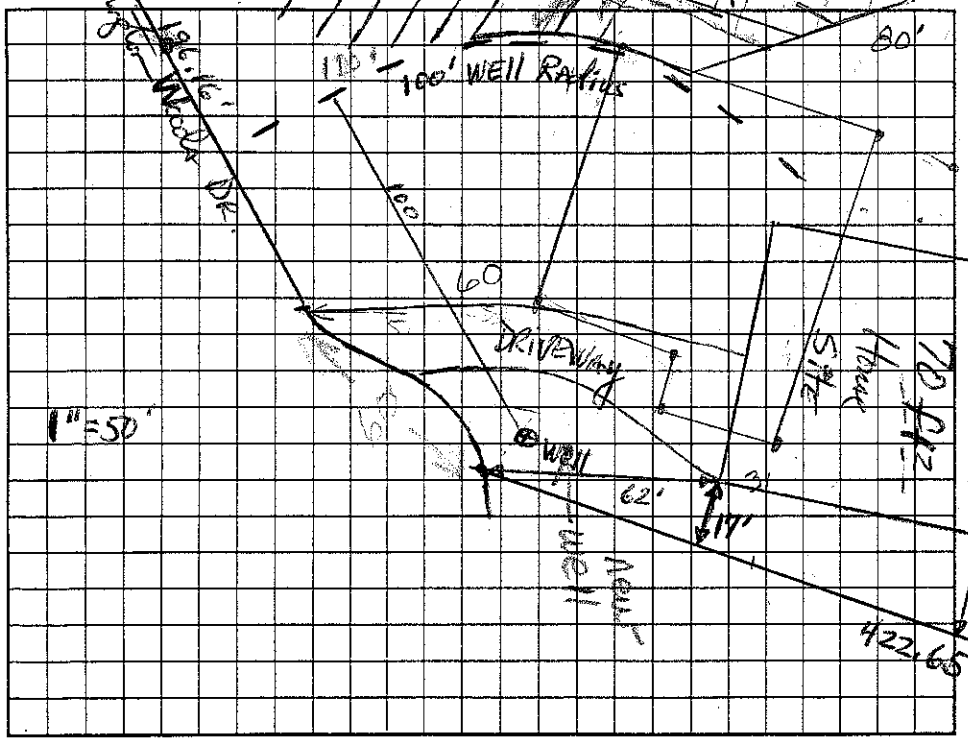
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: 4" sch 80 pm Repair Area

Comments/Conditions: 100' to wells from septic systems required due to saprolite.

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: _____

Improvement Permit by: _____ date 2-24-05 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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