IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 22579 PIN# ~~4639-64-0340.049~~ 4639642905.000 DATE March 17, 05

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

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

LOCATION Perth Rd N. TL Fern Hill TL Northington Woods TL Waterberry Dr. TL Whispering Cove on Right

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 49 LOT AREA .727 Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 10/2 Date 3-26-07
Pump Tank: 1000 Gallons; PT 17 Date 6-20-07
Pump Make: Gouds Model PESIM Serial No 80786701
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 460
No Lines 6 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: pm 25% Reduction
Repair System Description: LPPPBPS
Maintenance Agreement Required: ☐ Yes ☑ No

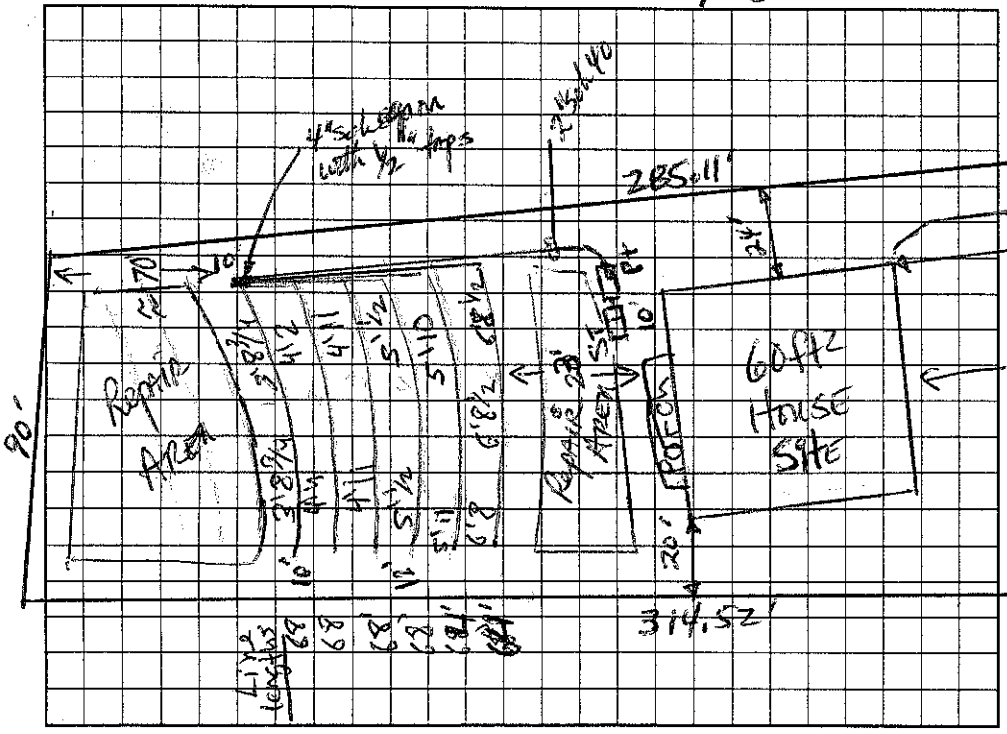
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Do not cut/Lower house site. Backfill Around foundation to provide positive drainage.

Comments:/Conditions: Office on 2nd floor must have walled off/no access to Full bath per plans, 9/29/07 A.C.
+Bonus room must have open access no door way.

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

12/20/07 2nd Floor office has fixed window
Bonus room has cased opening.
System installed as designed Infiltrator Quick 4

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: Frye Grading

Improvement Permit by: _____ date 3-17-05 Operation Permit by: Anthony Edwards date 12/20/07

Authorization to Construct by: Judy McMillan date 11-17-06 Existing System Inspection by: _____ date _____

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