IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12259 PIN# ~~4634-64-0340.049~~ 4634642905.000 DATE March 17, 05

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

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

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

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 49 LOT AREA .727 Ac. SITE CLASS. PS DESIGN FLOW 450gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 10/2 Date 3-26-07

Pump Tank: 1000 Gallons; PT 17 Date 6-28-07

Pump Make: Gould Model PES1M Serial No 8078701

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

No Lines 6 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: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

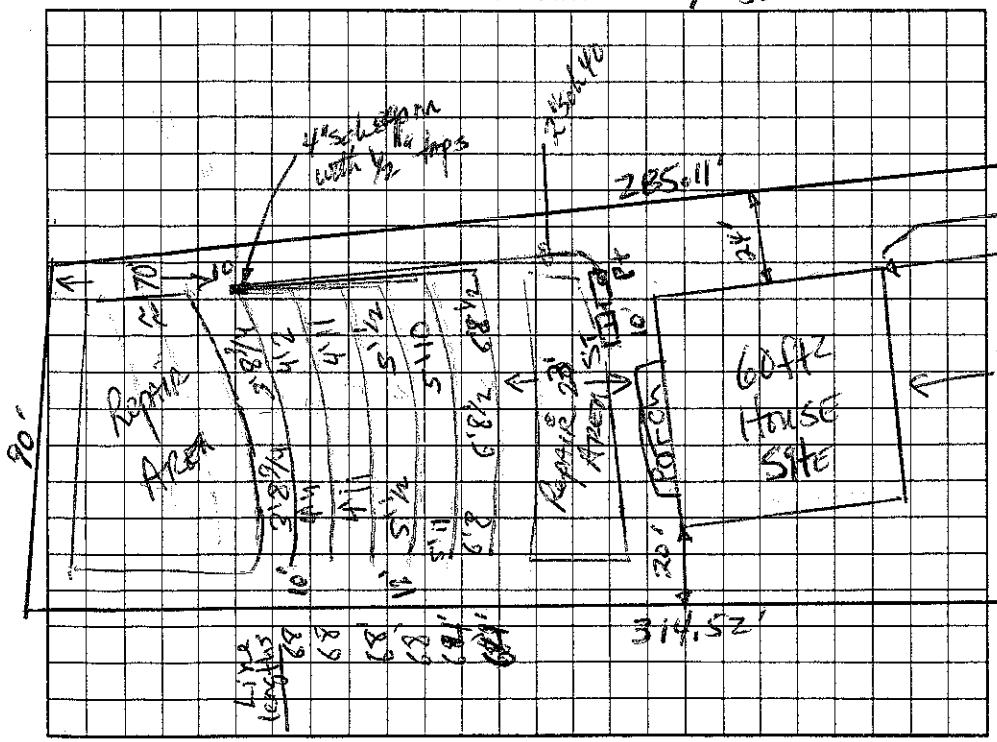
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

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

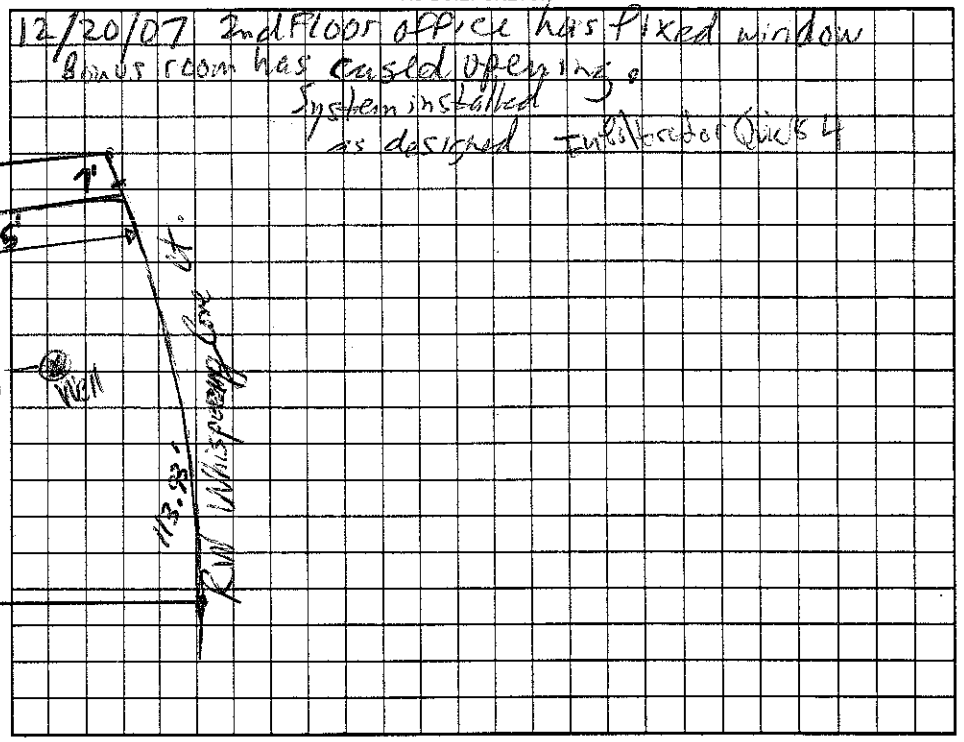
Comments:/Conditions: Office on 2nd floor must have walled off/no access to full bath per plans, 9/24/07 A.C.
+Bonus room must have open access no doors/wall.

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

12/20/07 2nd Floor office has fixed window
Bonus room has closed openings
System installed as designed Initialed Qtrs 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: _____

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

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

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