5130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122577 PIN# ~~4639-64-6340-0000~~ 4639-64-3734 DATE March 17, 05

OWNER OR CONTRACTOR Alexander Dev. Group LLC / Arabian Homes PHONE: Business _____ Home _____

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

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

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 47 LOT AREA .719 ac SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 821 Date 8/19/06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 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: Gravity 25% Reduction

Repair System Description: LPP BRS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

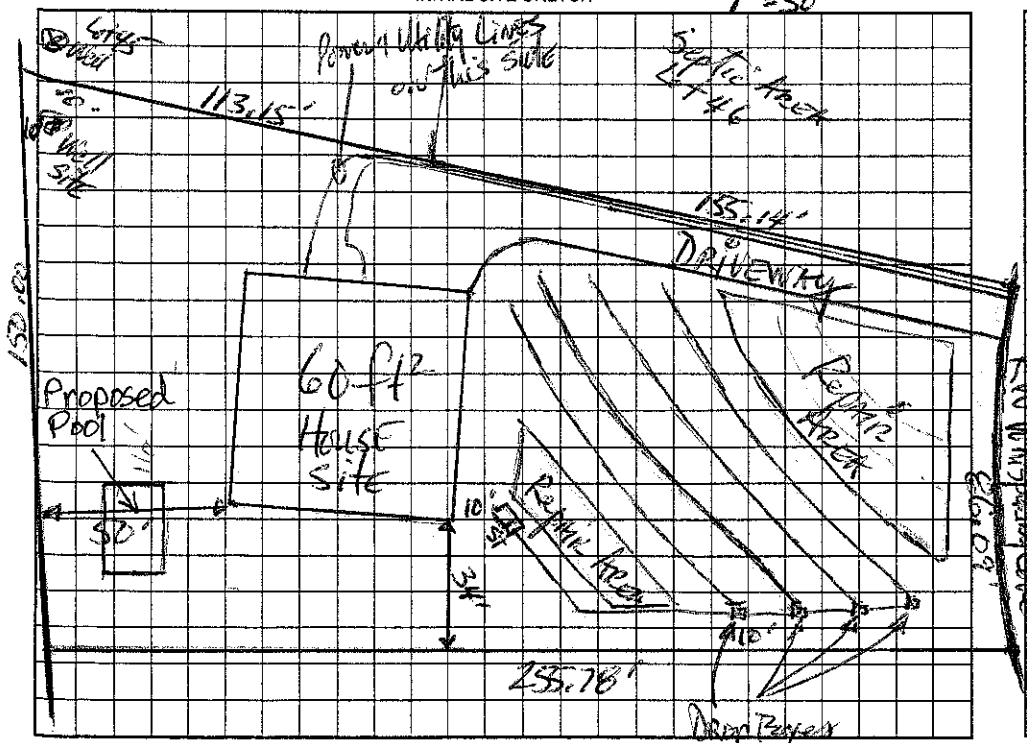
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

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INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

The proposed / existing Pool addition does not appear to impact the existing septic system.

**NOTE: _____

Andy Melville R.S.

Date: 5-24-12

ICHD-Environmental Health Division

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 5-6-05 Installed by: Rays

Improvement Permit by: _____ date 3-17-05 Operation Permit by: _____ date 10-10-06

Authorization to Construct by: _____ RS date 10/5/05 Existing System Inspection by: _____ date _____

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