IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122533 PIN# ~~4639-64-0340.231~~ 4639-64-4322 DATE Feb 24 05

OWNER OR CONTRACTOR Shoreline Dev. Group LLC / Titan Custom Build PHONE: Business _____ Home _____

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

LOCATION Forth Rd N. TL FERN Hill TL Northington Woods Dr TL Waterbury Dr. on Right

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 31 LOT AREA .957 Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 786 Date 10-18-05
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"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: Gravity 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth NA

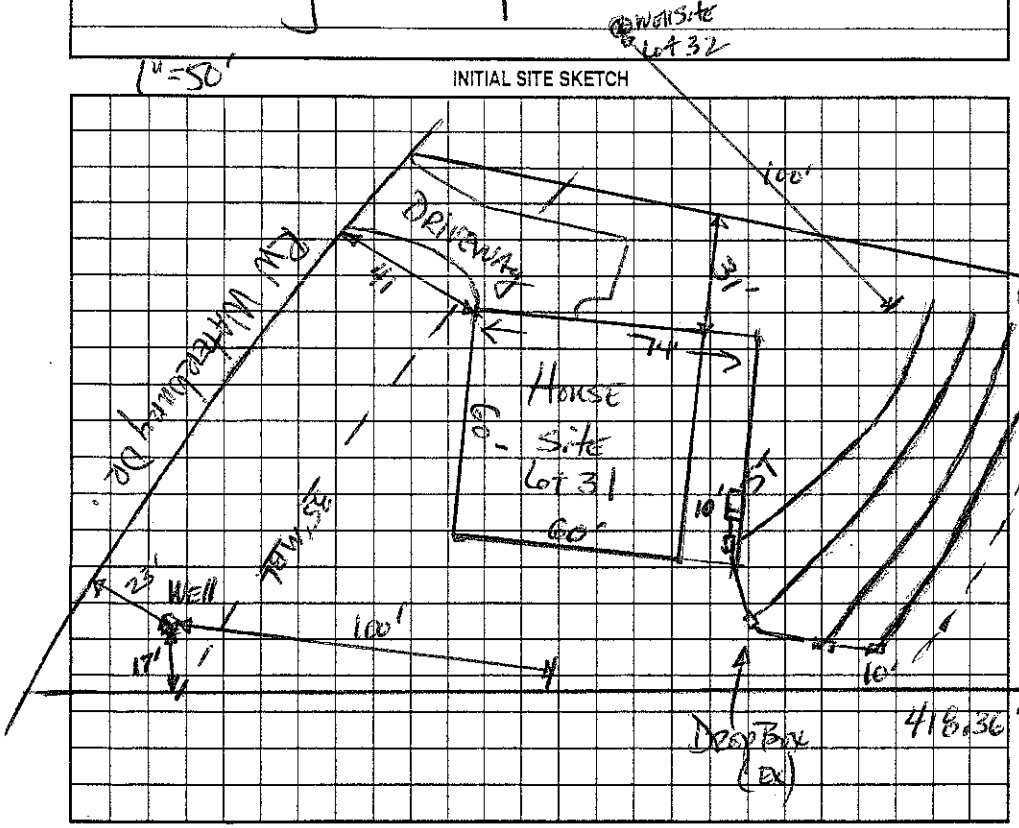
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

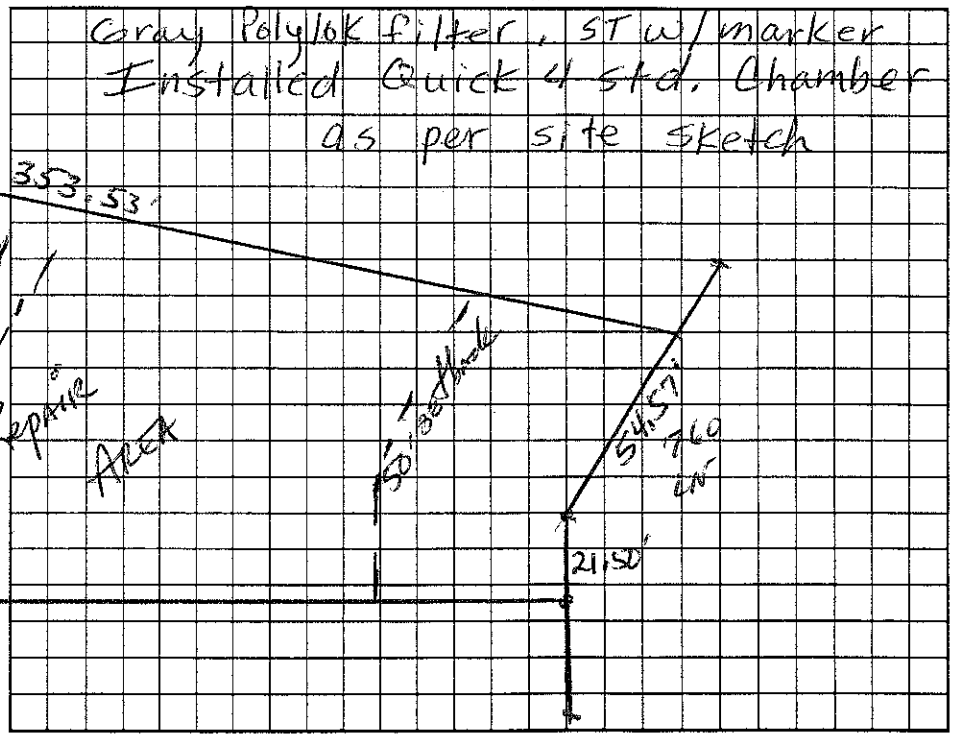
Comments/Conditions: 11/22/05 Reviewed Building & site plans, essentially in Compliance with IP.

Comments/Conditions: Note: Slide Septic System downhill ~ 14 ft.

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 5/4/05 Installed by: G & M Enterprises

Improvement Permit by: _____ date Feb 24, 05 Operation Permit by: Judy McBride date 3-17-06

Authorization to Construct by: _____ date 11/22/05 Existing System Inspection by: _____ date _____

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