704-873-9928

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122568 PIN# 4639-64-8340.045 4639 64 4597 DATE March 14, 05

OWNER OR CONTRACTOR Shenandoah New Group LLC / Patrick Inskeep PHONE: Business _____ Home _____

ADDRESS 1143 D Executive Circle Cary, NC 27511

LOCATION Post Rd N TL Ferrell TL Northington Woods Dr. TL Waterbury Dr. on left

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 45 LOT AREA .68 Ac SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1017 Date 11/2/06

Pump Tank: 1000 Gallons; PT _____ Date 11/6/07

Pump Make: Goulds Model PE4J M Serial No. C6704096

Nitrification Field: No Fields 1 Square Feet 400/600 ± Linear Feet 200 ±

No Lines 3 Trench Width 24"min 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, (IV) V, VI

System Description: LPPPBPS

Repair System Description: LPPPAPS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

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

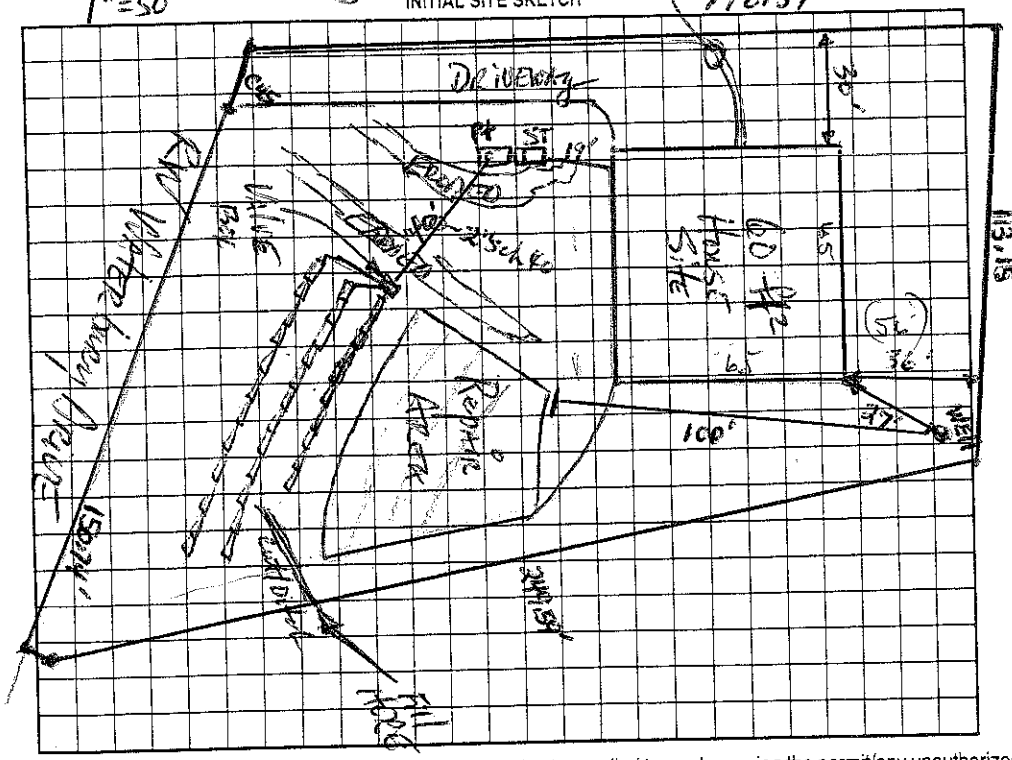
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: 24" = 36" max 9'oc ★ Use in line filter on PT

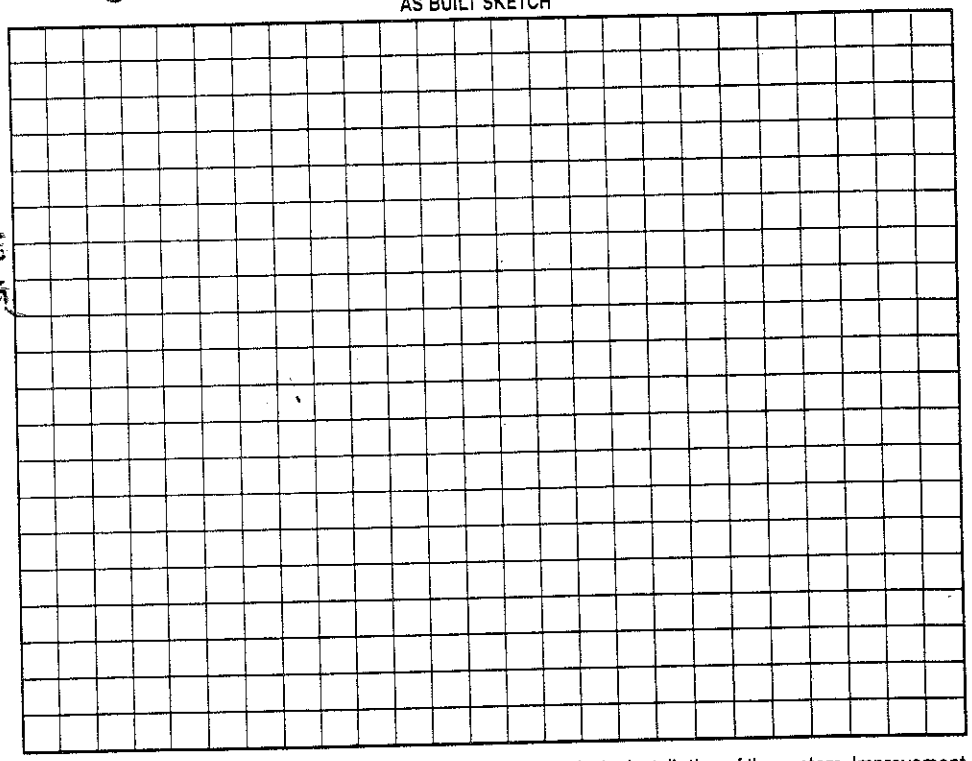
★ Drive may be on other side, must hug property line. Power & other utility lines on this side.

Comments:/Conditions: 11/17/06 Reviewed Floor plan essentially in compliance with original permit.

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: Tommy Fuqua

Improvement Permit by: _____ date 3-14-05 Operation Permit by: _____ date 6-5-07

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