IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122558 PIN# ~~4639-64-0340.034~~ 4639 64 7276 DATE Feb 28, 05

OWNER OR CONTRACTOR Stonewater Dev. Group LLC / American Homes PHONE: Business _____ Home _____

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

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

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 34 LOT AREA .690 ac SITE CLASS PS DESIGN FLOW 460gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 247 Date 10-10-06
Pump Tank: 1000 Gallons; PT 40 Date 9-16-06
Pump Make: Zoeller Model N 140 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 540/810 Linear Feet 270
No Lines 4 Trench Width 24" min & 36" max Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LPPBPS
Repair System Description: LPPPPPS
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

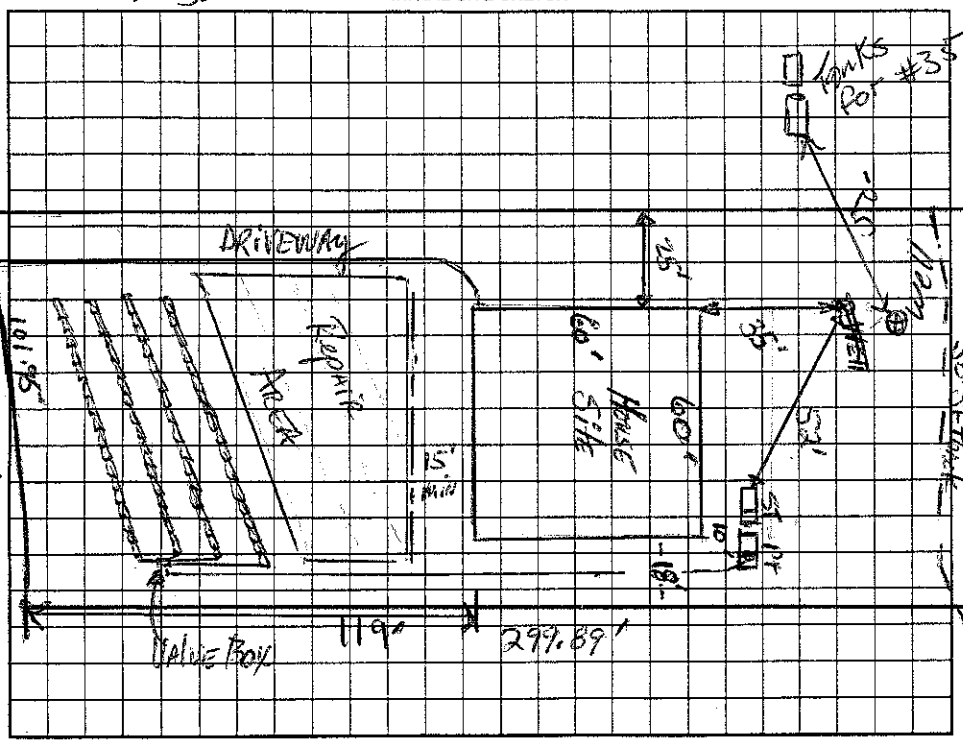
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Do not cut around house site. Backfill against foundation and create a shallow surface swale 10' upslope from house for positive drainage.

Comments:/Conditions:

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Tanks ✓
Lines ✓

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: Ray's Grading

Improvement Permit by: _____ date 2-28-05 Operation Permit by: John E. Abel date 3/2/07

Authorization to Construct by: _____ RS date 3/17/06 Existing System Inspection by: _____ date _____

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