IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12257 PIN# ~~4639-64-0340.044~~ 4639 64 7567 DATE March 8, 05

OWNER OR CONTRACTOR Shoreline Dev. Corp. LLC / TITAN CONST. PHONE: Business _____ Home _____

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

LOCATION Hwy 21 South Rd. N. TL Fern Hill TL Northington Woods Dr. TL Waterbury DR. on left past jct w/ Whispering Cove Ct.

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 44 LOT AREA .683ac SITE CLASS. PS DESIGN FLOW 360gpd C.T.A.R. .03

Septic Tank: 1000 Gallons; STB 78L Date 6/20/06

Pump Tank: 1000 Gallons; PT 32x Date 8/29/06

Pump Make: ZOELLER Model N-137 Serial No. 06

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

No Lines 3 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: LPPPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☑ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

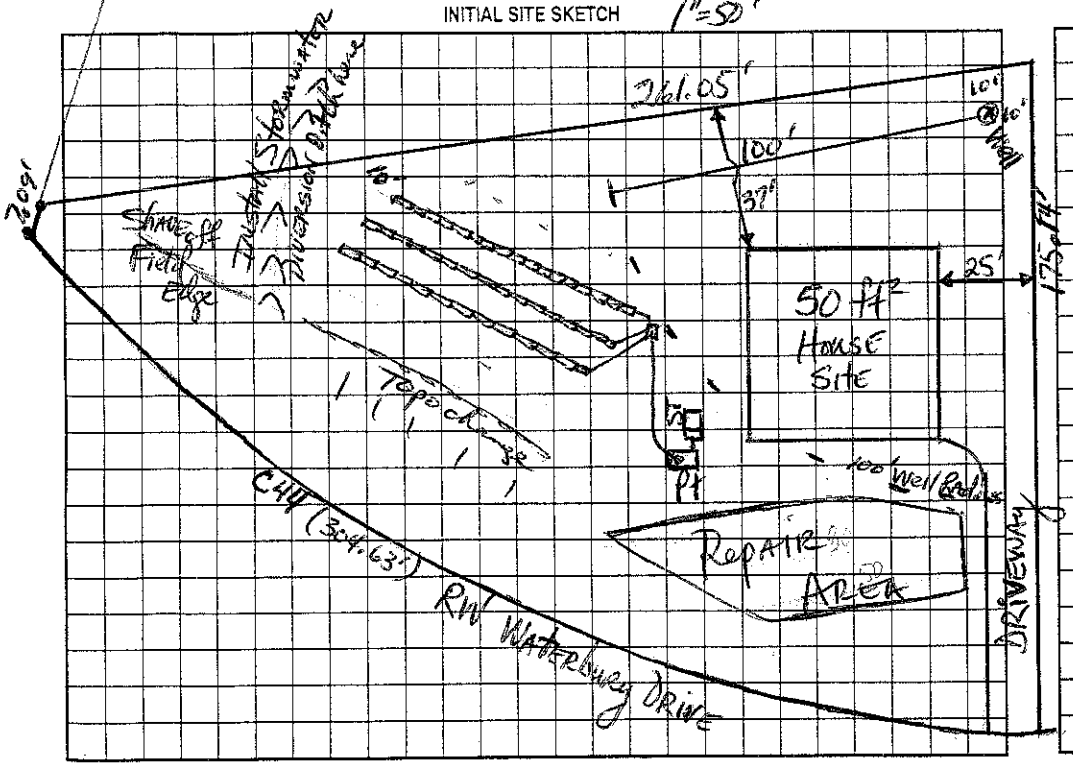
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: ok 36" max/96c

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



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: D+M

Improvement Permit by: _____ date 3-8-05 Operation Permit by: Wesley Sparks RS. date 9/15/2006

Authorization to Construct by: Judy McNeill date 7-18-06 Existing System Inspection by: _____ date _____

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