IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122560 PIN# 4639-64-0340.036 4639-64-9380 DATE Feb 28, 05

OWNER OR CONTRACTOR Shankweiler Dev. Group LLC / ISK Developers PHONE: Business _____ Home _____

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

LOCATION Perth Rd. N. TL Fern Hill TL Northington Woods Dr. TL Waterbury Dr. on Right near end

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 36 LOT AREA 1.355 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .825

Septic Tank: 1000 Gallons; STB 1007 Date 1-19-06
Pump Tank: 1000 Gallons; PT 274 Date 1-12-06
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 6 @ 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM 25% Reduction
Repair System Description: LPPPBPS
Maintenance Agreement Required: ☐ Yes ☑ No Initially

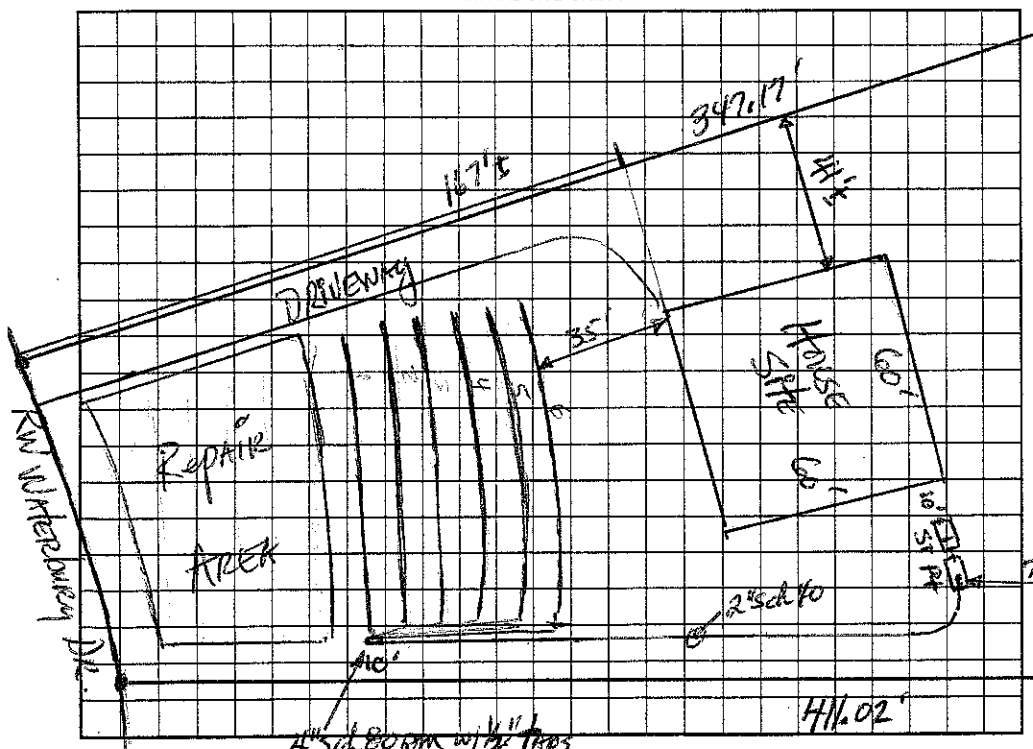
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

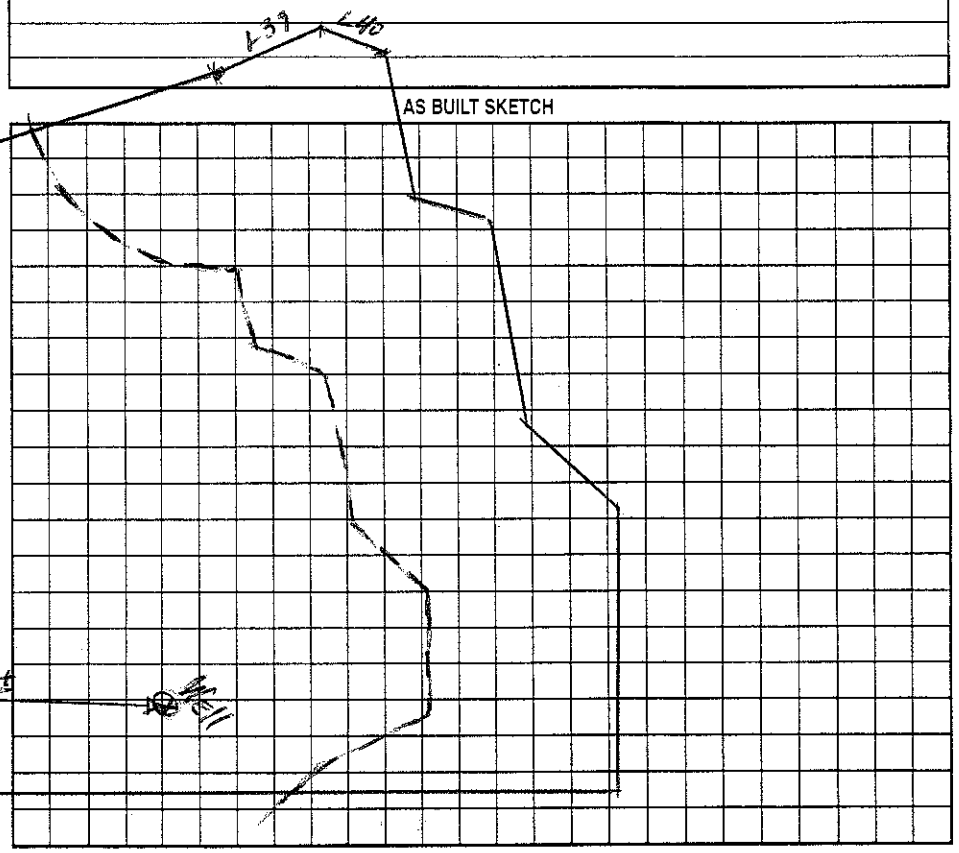
Comments:/Conditions: ST - 1-9-06

Comments:/Conditions:

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 5/14/05 Installed by: Richard Abernathy

Improvement Permit by: _____ date 2-28-05 Operation Permit by: _____ RS date 4/11/06

Authorization to Construct by: Wesley Sparks R.S. date 10/19/05 Existing System Inspection by: _____ date _____

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