IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122563 PIN# ~~4639-64-0340.042~~ 4639 64 9785 DATE March 8, 05

OWNER OR CONTRACTOR Shavender Dev. Comp LLC / Ronnie Broome PHONE: Business _____ Home _____

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

LOCATION Neely Rd. N. TL Fern Hill Rd. TL Northington Woods DR. TL Waterbury Dr. on left at end

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 42 LOT AREA .761 Ac. SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 7/6/05
Pump Tank: 1000 Gallons; PT 17 Date 10/10/05
Pump Make: Goulds Model WE0-S11HA Serial No. A080455D
Nitrification Field: No Fields 1 Square Feet 640/960 Linear Feet 320
No Lines 3 Trench Width 24" min 9'oc Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, ⓘ V, VI
System Description: LPPPPS
Repair System Description: LPPPPS
Maintenance Agreement Required: ☑ Yes ☐ No

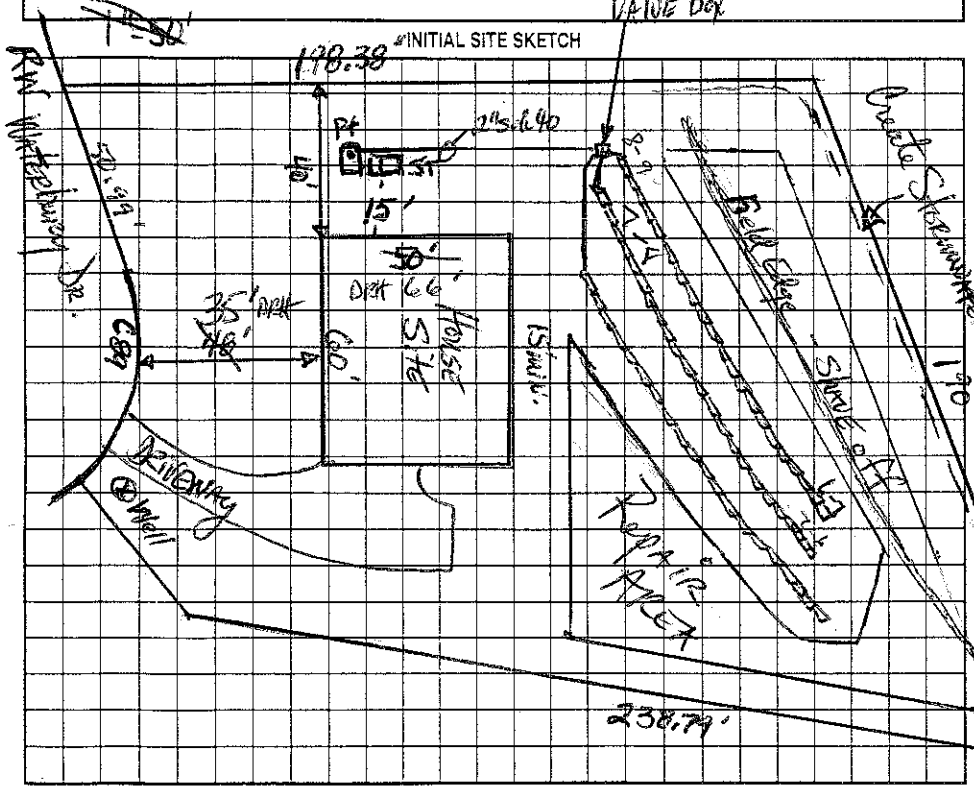
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: OR = 36" MAX 9'oc

Comments:/Conditions: 2@ 160' ± 2'

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: Tommy Fayne

Improvement Permit by: _____ date 3-8-05 Operation Permit by: Wesley Sparks R.S. date 4/19/06

Authorization to Construct by: _____ date 9-27-05 Existing System Inspection by: _____ date _____

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