IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OP[illegible] ON PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 122580 PIN# 4639-64-0340, 050 4639-65-1054 DATE March 19, 05

OWNER OR CONTRACTOR Stevenson Bar Group LLC / Anaheim PHONE: Business _____ Home _____

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

LOCATION Peart Rd. N. TL Fern Hill TL Northington Woods TL Waterbury Dr. TL Whispering Cove Ct. on Right

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 50 LOT AREA .739 Ac SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 9-2-08
Pump Tank: 1000 Gallons; PT 368 Date 3-23-08
Pump Make: Cumins Model WEOSTU Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 6 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 _____

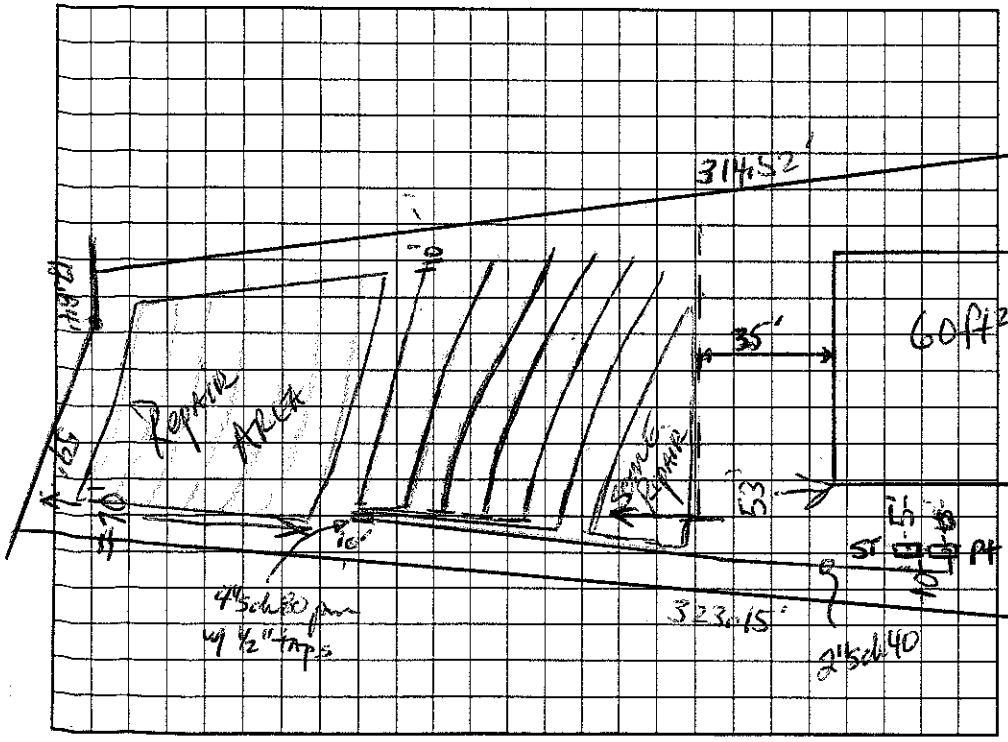
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Public
☐ Community

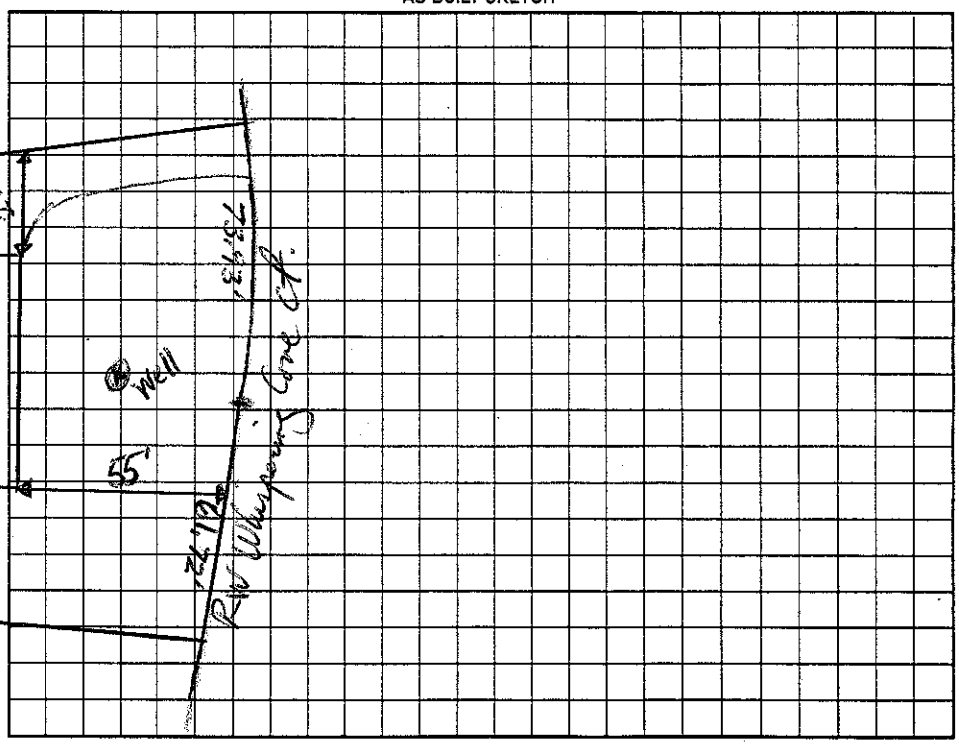
Comments:/Conditions:

Comments:/Conditions: Lines & tanks Checked 11/23/09 AC
PM & Pressure & Tanks Checked 12/16/09 RM
Elect & alarm 10/14/09 by MD

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: A-1 Backhoe RS

Improvement Permit by: _____ RS date 3-19-05 Operation Permit by: _____ date 10/14/09

Authorization to Construct by: _____ date 3/6/07 Existing System Inspection by: _____ date _____

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