IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTIO[N]

PERMIT# 122590 PIN# 4639-64-0340.051 4639-65-1144

OWNER OR CONTRACTOR Shenandoah Dev. Group LLC DATE March 28, 05

ADDRESS 1143 D. Executive Circle / N.C. Cary, N.C. 27511 PHONE: Business ______ Home ______

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

SUBDIVISION Northington Woods BLOCK / SECTION ______ LOT 51 LOT AREA .755 Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 9-2-08 Date 760
Pump Tank: 1000 Gallons; Date 363 Date 11-2-08
Pump Make: Goulds Model WE05 12HH 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 ______

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: pm 25% Reduction
Repair System Description: LP PPBPS
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

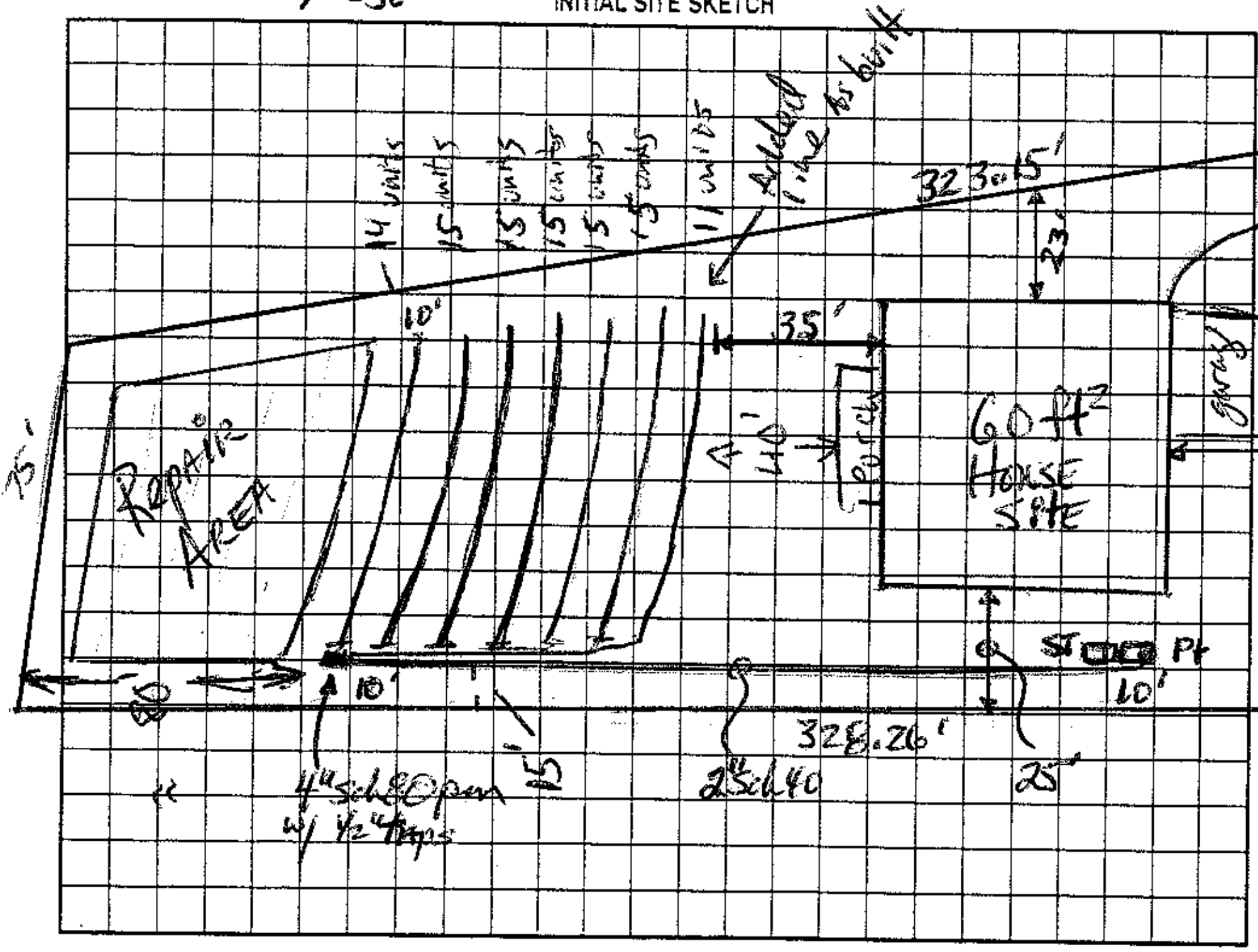
Water Supply:
☑ Individual
☐ Public
☐ Community

Comments:/Conditions:

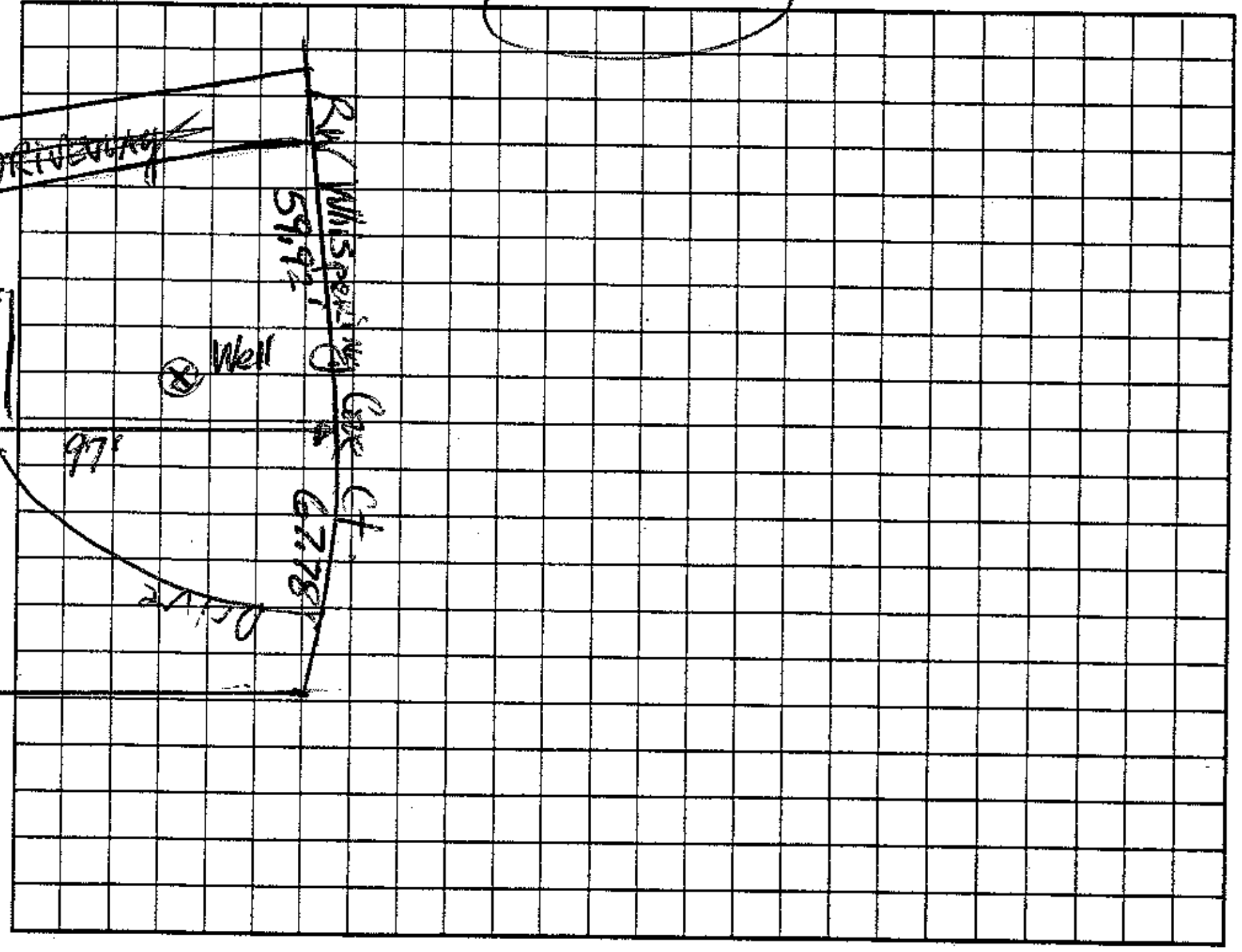
Comments:/Conditions:

1" = 50'

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: [signature] date 5-16-05

Improvement Permit by: [signature] date 3-28-05

Authorization to Construct by: [signature] date 3/6/07

Installed by: A-1 Backhoe

Operation Permit by: [signature] REHS date 12-2-09

Existing System Inspection by: ______ date ______

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