IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122593 PIN# ~~4639-64-0340.054~~ 4639651513.000 DATE March 29, 05

OWNER OR CONTRACTOR Shevenda Properties LLC / Anchiers PHONE: Business _____ Home _____

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

LOCATION Both Rd. N. TL Fern Hill Rd. TL Northington Woods Dr. TL Waterbury Dr. TL Whispering Cove Ct. at end

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 54 LOT AREA 1.018ac SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 294 Date 3-3-05

Pump Tank: 1000 Gallons; PT 42 Date 4-22-05

Pump Make: Zoeller Model Pesmm Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12

☑ 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

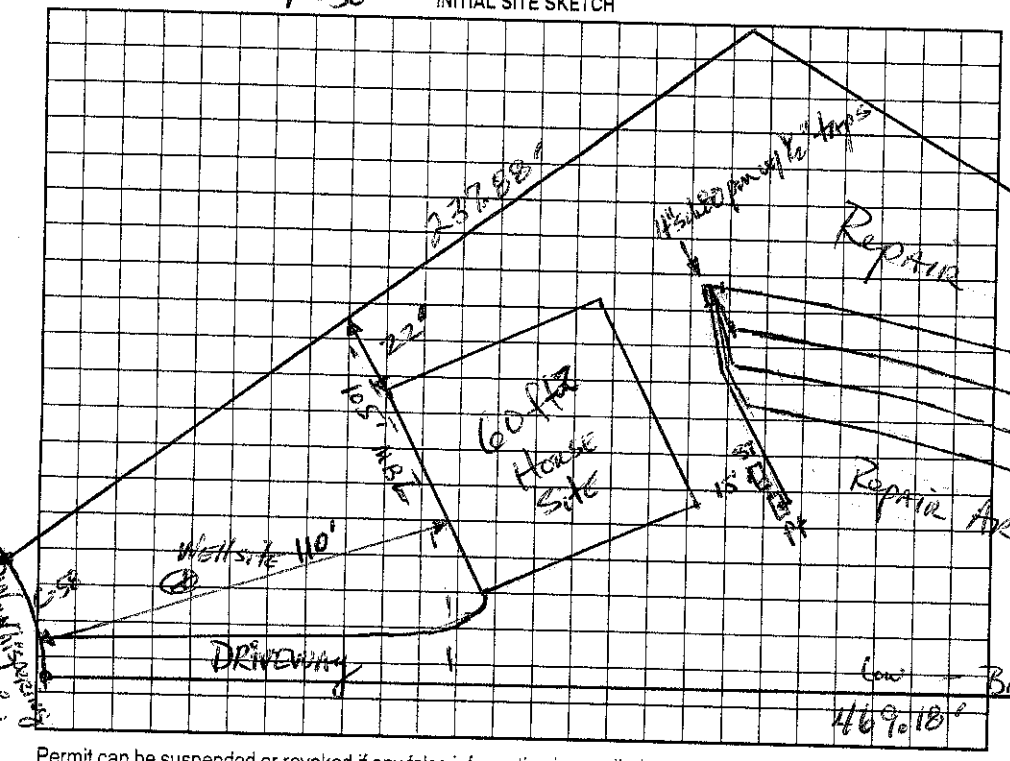
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

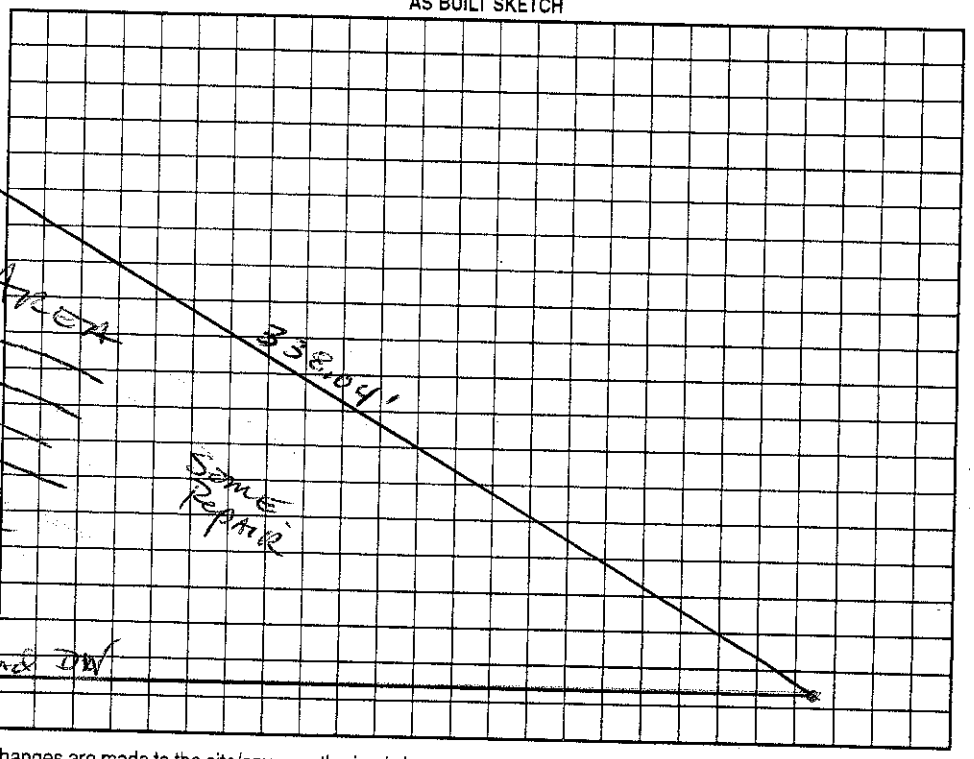
Comments:/Conditions:

yellow poly-lok
- Quick 4's
- pressure heal sat
5-18-07 jh

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: _____ date 5-16-05 Installed by: Tommy Tyndall

Improvement Permit by: _____ date 3-29-05 Operation Permit by: Wesley Sparkman R.S. date 9/18/07

Authorization to Construct by: _____ date 9/27/06 Existing System Inspection by: _____ date _____

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