Site Address: 142 Whispering Cove Ct.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 7[illegible]664-5281

2:00

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

PERMIT# 122592 PIN# 4639-64-0340, 053 ~~4639-65-1513~~ 4639652414V DATE March 29, 05

OWNER OR CONTRACTOR Lavender New Group LLC / ANAHEIM HOMES PHONE: Business _____ Home _____

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

LOCATION Forth Rd. N. TL Ferrell Hill Rd. TL Northington Woods Dr. TL Waterbury Dr. TL Whispering Cove Ct. on Right at end

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 53 LOT AREA 1.166Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1212 Date 3-27-07

Pump Tank: 1000 Gallons; PT 17 Date 12-19-06

Pump Make: Goulds Model WE0712 4U Serial No 3/4 H.P.

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4 @ 120' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: 0% 25% Reduction (Shallow)

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

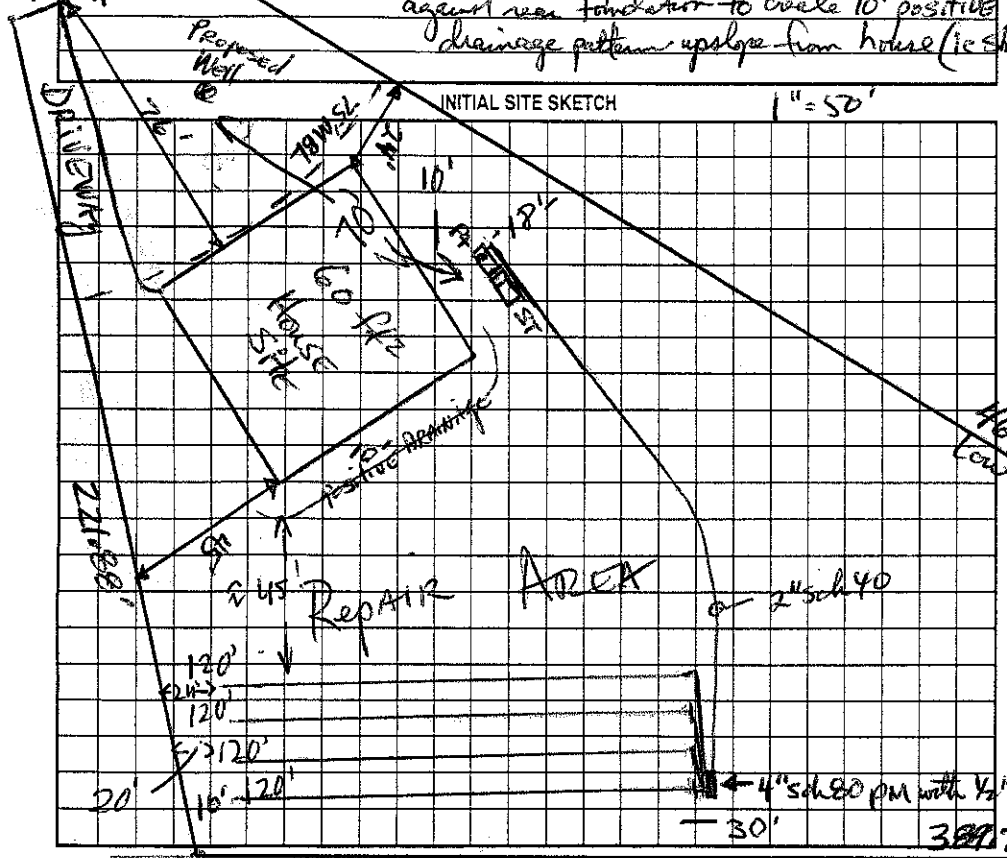
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

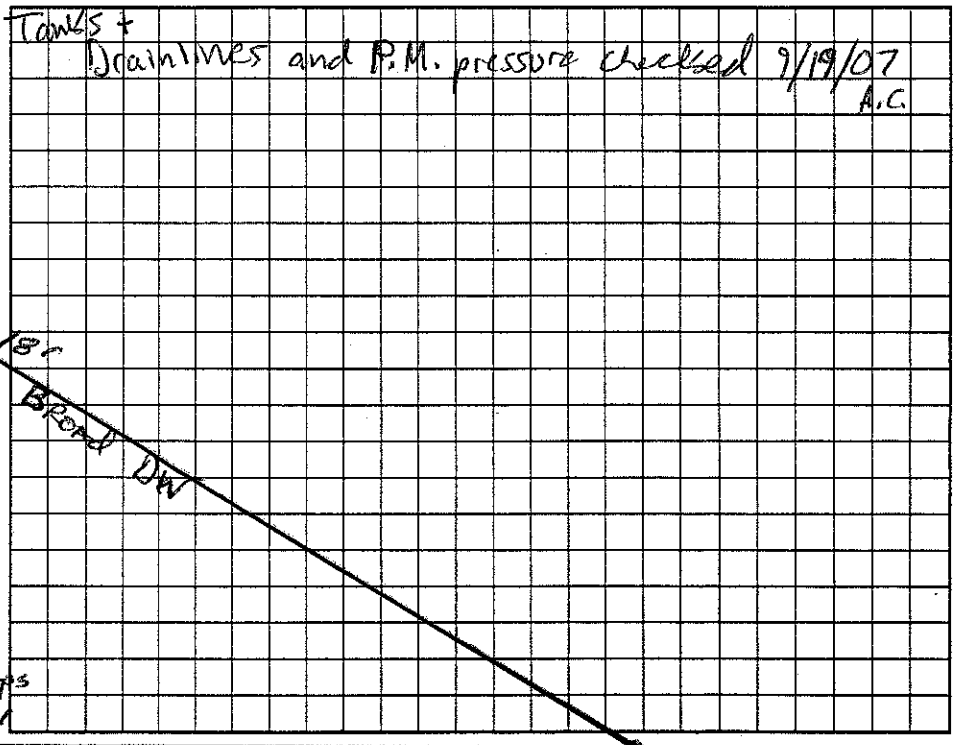
Comments:/Conditions: Do Not cut/Lower house site. Backfill against rear foundation to create 10' positive drainage pattern upslope from house (ie shallow surface swale)

Comments:/Conditions:

INITIAL SITE SKETCH 1" = 50'



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 Fry

Improvement Permit by: _____ date 3-29-05 Operation Permit by: _____ REHS date 9-10-10

Authorization to Construct by: _____ RS date 2/9/07 Existing System Inspection by: _____ date _____

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