IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122561 PIN# ~~4639-64-0340.037~~ 4639 74 1434 DATE April 19, 05

OWNER OR CONTRACTOR Advanced Const. Group LLC / Anaheim Homes PHONE: Business _____ Home _____

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

LOCATION Perth Rd N. to Fern Hill TL Northington Woods Dr. TL Waterhouse Dr. 1st rd on Right

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 37 Revised LOT AREA 2.169 Ac SITE CLASS. PS DESIGN FLOW 420 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 821 Date 8/11/06

Pump Tank: 1000 Gallons; PT 40 Date 7/11/06

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 540/810 Linear Feet 270

No Lines 4 Trench Width 24" min 6'oc Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LPPBPS

Repair System Description: LPPBPS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

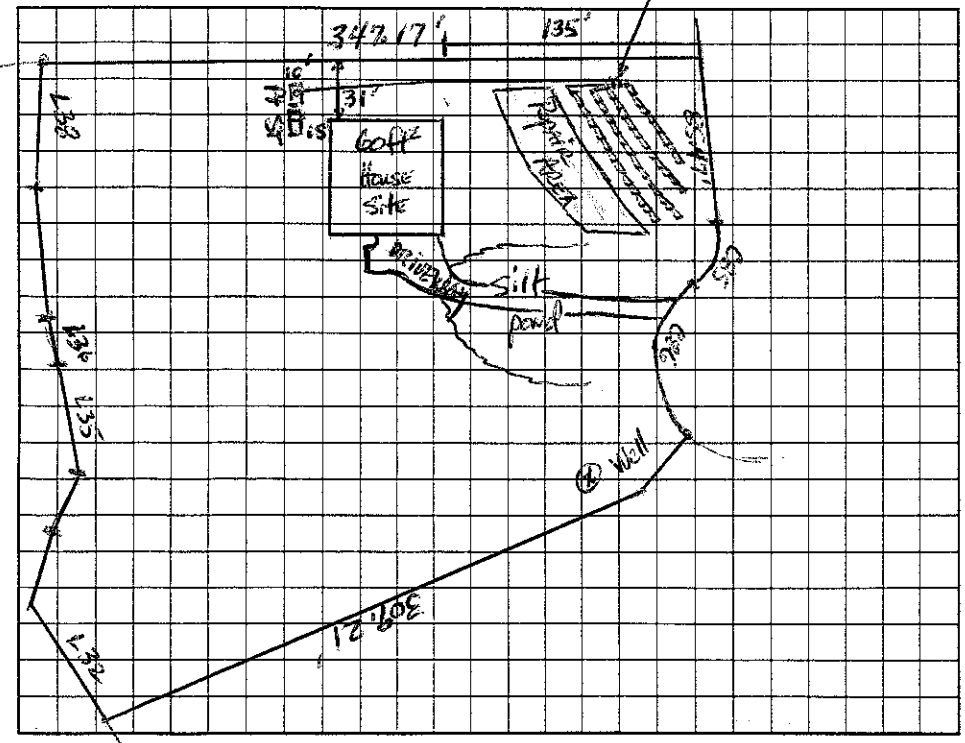
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: or 36" max 9'oc

Comments:/Conditions:

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: Rays

Improvement Permit by: _____ date 4-19-05 Operation Permit by: _____ date 4/4/07

Authorization to Construct by: _____ date 2/24/06 Existing System Inspection by: _____ date _____

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