IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

1130

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

PERMIT# 129185 PIN# 4635390386 DATE 7-20-05

OWNER OR CONTRACTOR Allstar Enterprises PHONE: Business 704 491-2288 Home 704 622-7376

ADDRESS 301 S. Broad St Mooresville, NC 28115

LOCATION Brawley School Rd TL Isle of Pines TL Lake Hill Estates TR Cabana Dr on right

SUBDIVISION Lake Hills Estates BLOCK / SECTION ____ LOT 12 LOT AREA .694 Acre SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1001 Date 12-13-05
Pump Tank: 1000 Gallons; PT 274 Date 12-13-05
Pump Make: LittleGiant Model 9EH Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'
No Lines 3 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Pump-PM-25% Reduction
Repair System Description: Pump-Panel Blk
Maintenance Agreement Required: [ ] Yes [X] No Not Initially
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

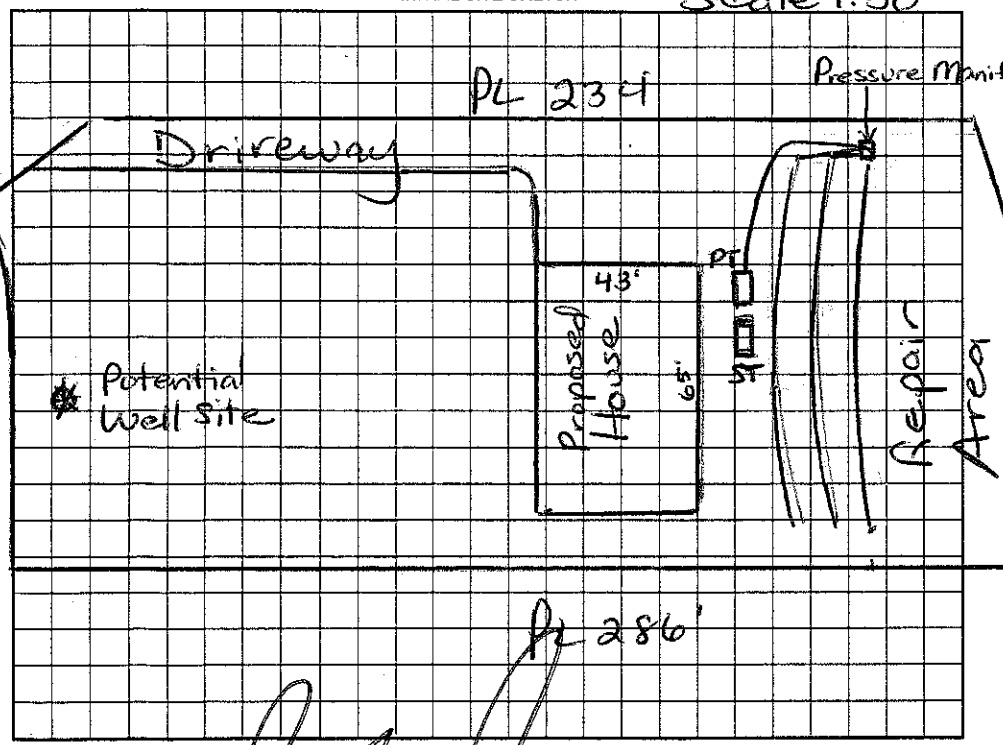
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2.5
[ ] Business No. Employees ____
[ ] Other ____

Water Supply: [X] Individual [ ] Public [ ] Community

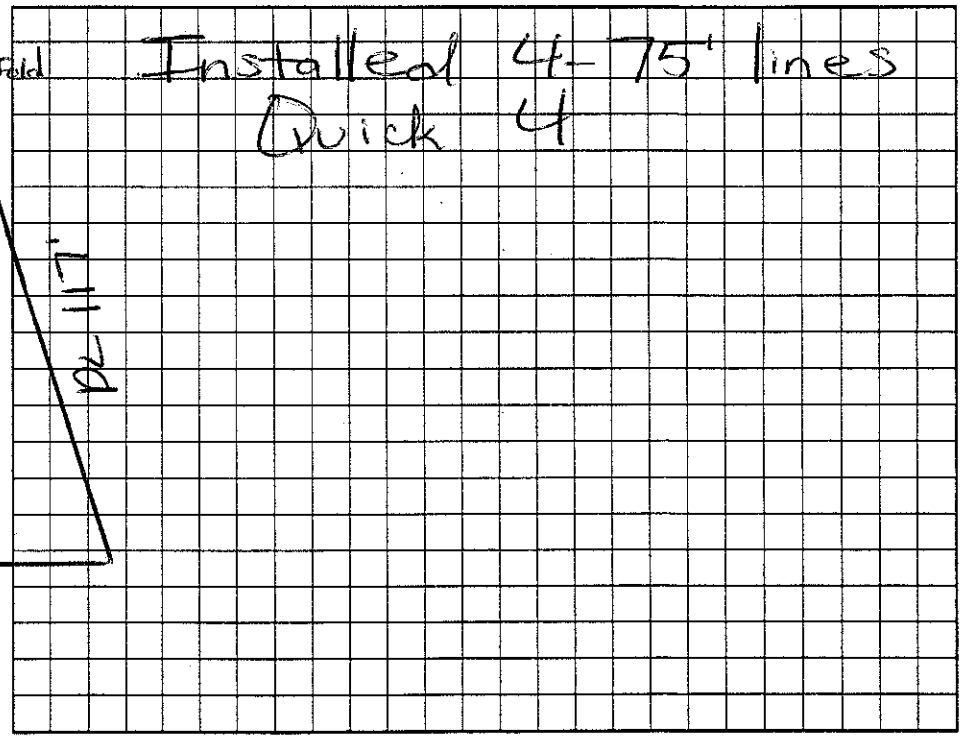
Comments:/Conditions: Keep Septic System at least 10' From PL. Keep Drainfield 15' from House (Fill around house; do not cut).

Comments:/Conditions: Note: Drainlines must be installed with bend otherwise drainfield may not fit.

INITIAL SITE SKETCH Scale 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: [signature] date 7/20/05 Installed by: Richard Abernathy

Improvement Permit by: Maria H. Dotson RS date 7/20/05 Operation Permit by: [signature] RS date 5/1/06

Authorization to Construct by: Maria H. Dotson RS date 7/20/05 Existing System Inspection by: ____ date ____

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