IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-87[illegible] 250.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 133569 PIN# 4636 70 5138 DATE 3/7/06

OWNER OR CONTRACTOR Barry + Elaine Mills PHONE: Business _____ Home _____

ADDRESS 192 Commodore Ln Mooresville NC 28117

LOCATION BSR, TL Stutts, TL Commodore, on Rt Just before Mainview #192

SUBDIVISION Commodore Est. BLOCK / SECTION _____ LOT 234/235 LOT AREA ± 0.5 ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 55 Date 4/28/06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300'
No Lines 5@60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI
System Description: Gravity 25% Reduct.
Repair System Description: Pump Panel Block
Maintenance Agreement Required: [ ] Yes [X] No

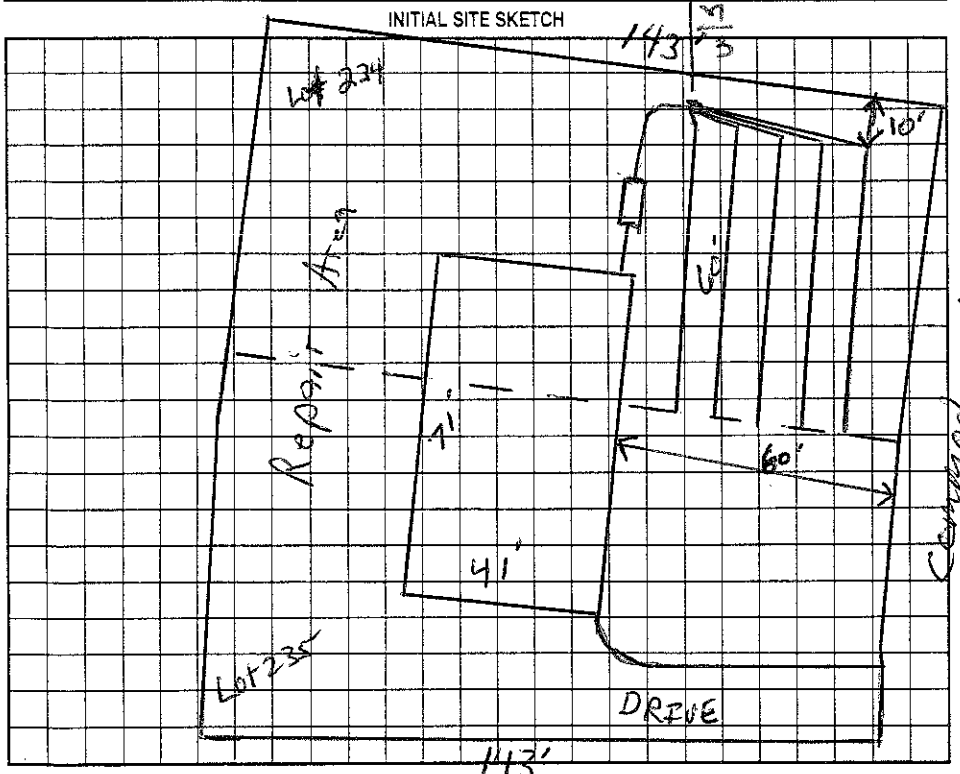
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms ____
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments:/Conditions:
1"=40'

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: Elaine M. Mills date 3-7-06
Improvement Permit by: [signature] RS date 3/7/06
Authorization to Construct by: [signature] RS date 3/7/06

Installed by: B+M Enterprises
Operation Permit by: Wesley Sparks RS date 6/20/06
Existing System Inspection by: _____ date _____

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