IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 152534 PIN# ~~4639-83-4045.78~~ 4639 743 264 DATE 9-11-08

OWNER OR APPLICANT Bells Crossing LLC PHONE: Business _____ Home _____

ADDRESS 137 B Promenade Dr. Mooresville NC 28117

LOCATION Perth TL Bells Crossing, on R

SUBDIVISION Bells Crossing BLOCK / SECTION _____ LOT 78 LOT AREA 1.17 Ac SITE CLASS PS DESIGN FLOW 460 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1215' Linear Feet 405'

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth — ☒ Gravity ☐ Pressure

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

System Description: Gravity 25% Red.

Repair System Description: LP-PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No Initially

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons ____ No. Employees ____

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

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions: 1) Install per plan specs 2) Maintain set backs

Comments:/Conditions:

INITIAL SITE SKETCH

See Attached Plans From Ashley Rollins Soil + Environmental Services

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 11/10/08 Installed by: _____

Improvement Permit by: _____ date 9-11-08 Operation Permit by: _____ date 10-23-13

Authorization to Construct by: _____ date 8/16/13 Existing System Inspection by: _____ date _____

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