IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136886 PIN# 4659 66 1703. 026 4659-57-4275 DATE 8/14/06

OWNER OR APPLICANT Shepherds Bluff LLC PHONE: Business _____ Home _____

ADDRESS 111-B Raceway Dr Mooresville NC 28117

LOCATION 115N, TR Shepherd, TL Shepherds Bluff, on Rt

SUBDIVISION Shepherds Bluff BLOCK / SECTION 4 LOT 26 LOT AREA 0.47Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.275

Septic Tank: 1000 Gallons; STB 317 Date 3-3-07
Pump Tank: 1000 Gallons; PT 27 Date 4-4-07
Pump Make: Goulds Model PES1M Serial No. _____
Nitrification Field: No Fields ___ Square Feet 460 Linear Feet 230
No Lines 5 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth — ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LP Panel Block
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ___
☐ Business No. Employees ___
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH

SEE ATTACHED PLAN BY ROLLINS SOIL & ENVIRONMENTAL SERVICES

AS BUILT SKETCH

- Blue poly-lok filter used
- 3 Lines of TOS installed instead of centrifed 4
- ~~Not~~ upon my prior approval - ejd
- pressure head set 5-22-07
- electrical/alarm ✓ 6-19-7

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 8/18/06 Installed by: Abernathy

Improvement Permit by: _____ RS date 8/14/06 Operation Permit by: _____ date 6-19-07

Authorization to Construct by: _____ date 10/30/06 Existing System Inspection by: _____ date _____

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