IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136885 PIN# 4659 66 1703.025 4659-57-5271 DATE 8/14/06

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

ADDRESS 111-B Raceway Dr Mooresville NC 28117

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

SUBDIVISION Shepherds Bluff BLOCK / SECTION 4 LOT 25 LOT AREA 0.46 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.275

Septic Tank: 1000 Gallons: STB 743 Date 4-04-07

Pump Tank: 1000 Gallons: PT 19 Date 4-11-07

Pump Make: Goulds Model PES1M Serial No. E07227A7

Nitrification Field: No Fields 1 Square Feet 450 Linear Feet 225

No Lines 3 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 ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

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

Lines, Tanks, pump pressure had ovh, supply lines checked & approved - 5-22-07 - [illegible]

+ electrical release - 5-29-07 JA

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 8/18/06

Improvement Permit by: [signature] date 8/14/06

Authorization to Construct by: [signature] date 10/3/2006

Installed by: Abernathy

Operation Permit by: [signature] date 5-31-07

Existing System Inspection by: _____ date _____

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