IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137393 PIN# ~~4659-66-1703.053~~ 4659661855 DATE 8/14/06

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

ADDRESS 111-B Raceway Dr. Mooresville NC 28117

LOCATION Shepherds Rd, T L Shepherds Bluff on Lt

SUBDIVISION Shepherds Bluff BLOCK / SECTION _____ LOT 53 LOT AREA 0.464 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; ST# 794 Date 10-1-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No. Fields 1 Square Feet 900 Linear Feet 300
No. Lines 4@75' 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: 25% Reduction
Repair System Description: LP Panel Block
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:

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INITIAL SITE SKETCH

SEE ATTACHED PLAN BY 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 8/16/06 Installed by: A-1 Backhoe

Improvement Permit by: _____ RS date 8/14/06 Operation Permit by: _____ date 3/9/07

Authorization to Construct by: _____ RS. date 10/8/06 Existing System Inspection by: _____ date _____

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