IREDELL COUNTY HEALTH DEPARTMENT

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

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

475.00 Paid

PERMIT# 144351 PIN# 4659675050.000 DATE 8/10/07

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

ADDRESS 111-B Raceway Dr. Mooresville, NC 28117

LOCATION Shepherds Rd. / TR on Shepherds Bluff Dr. on ~~Left~~ Right.

SUBDIVISION Shepherds Bluff BLOCK / SECTION 4 LOT 15 LOT AREA .46 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 794 Date 8-28-07

Pump Tank: 1000 Gallons: PT 283 Date 8-5-07

Pump Make: Gould's Model WE0512HH Serial No. _____

Nitrification Field No. Fields 1 Square Feet 480 Linear Feet 240'

No. Lines 5 Trench Width 24"-36" Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☑ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

System Description: Pump LP PPBPS

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

Comments:/Conditions:

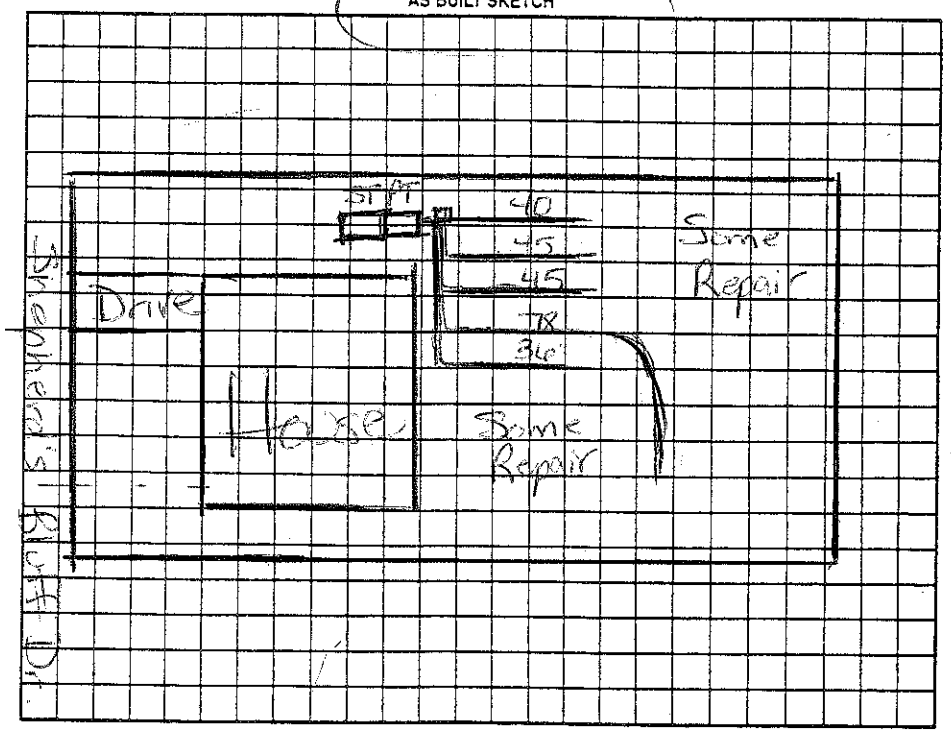
* Per plan specs.

Comments:/Conditions: 11/7/07 Checked tanks & pressure & lines

INITIAL SITE SKETCH

* See Plan from Rollans Soil & Env. 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 8/13/07

Improvement Permit by: Anthony Cohen Jr. date 8/10/07

Authorization to Construct by: Anthony Cohen Jr. date 8/14/07

Installed by: Larry Beam RS

Operation Permit by: _____ date 12/19/07

Existing System Inspection by: _____ date _____

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