11:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 150318 PIN# 4754700410 DATE 5-21-08

OWNER OR APPLICANT Adams Homes PHONE: Business 704-942-1250 Home Kathleen StME

ADDRESS 132 Joe V Knox Blvd Suite 102 Mooresville NC 28117

LOCATION 115, TR Shepherd, TL Houston, TL Colonial Congress, TL Mills Plantation, on L

SUBDIVISION Georgia Mills BLOCK / SECTION ____ LOT 25 LOT AREA 1.25 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 825 Date 4-16-10

Pump Tank: 1000 Gallons: PT 302 Date 5-10-10

Pump Make: ZOELLER Model 152 Serial No. ____

Nitrification Field: No Fields 1 Square Feet 640' Linear Feet 320'

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth — ☐ 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: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Place wells as shown to meet setbacks / Fill gully at rear of Lot

Comments:/Conditions:

INITIAL SITE SKETCH

SEE Plan From StME

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 5-21-08

Improvement Permit by: ____ date 5-21-08

Authorization to Construct by: ____ REHS date ____

Installed by: Jones Septic

Operation Permit by: ____ REHS date 8-9-10

Existing System Inspection by: ____ date ____

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