IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 150319 PIN# 4750704377 DATE 5-21-08

OWNER OR APPLICANT ~~Pilot Development~~ ADAMS HOMES PHONE: Business 704-942-1250 ~~Home~~ Kathleen

ADDRESS 132 Joe V Knox Ave. Suite 102 Mooresville NC 28117

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

SUBDIVISION Georgia Mills BLOCK / SECTION ____ LOT 28 LOT AREA .79AC0 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 8-5-09

Pump Tank: 1000 Gallons; PT 302 Date 7-14-09

Pump Make: ZOELLER Model M152 Serial No. ____

Nitrification Field: No Fields 1 Square Feet 540' Linear Feet 270'

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: LPPPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons ____ No. Employees ____

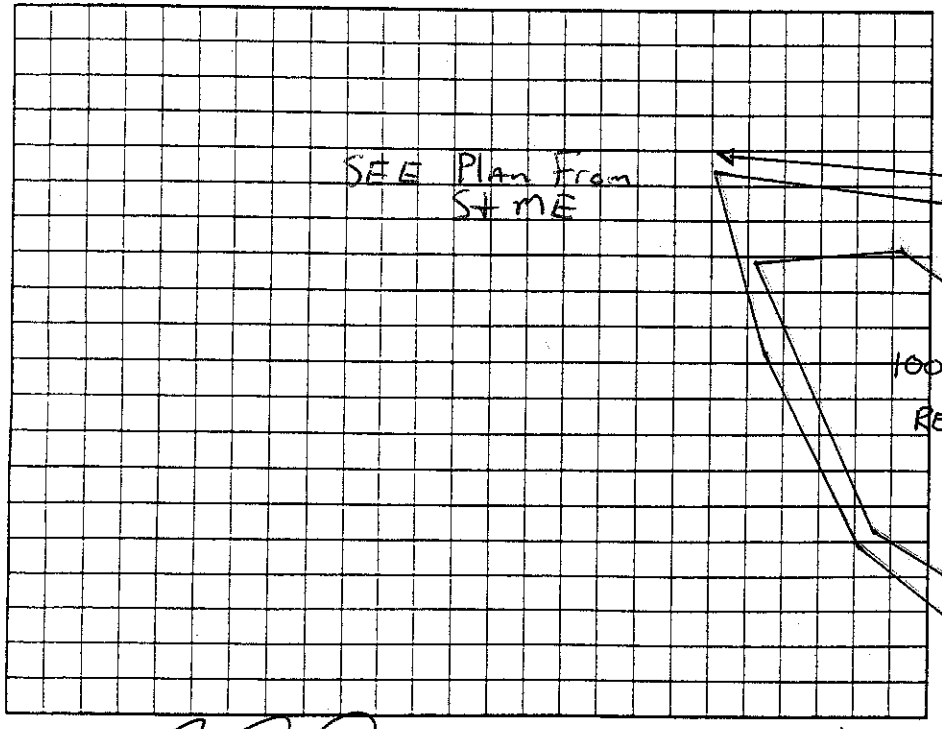
Water Supply: ☒ Individual ☐ Public ☐ Community

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

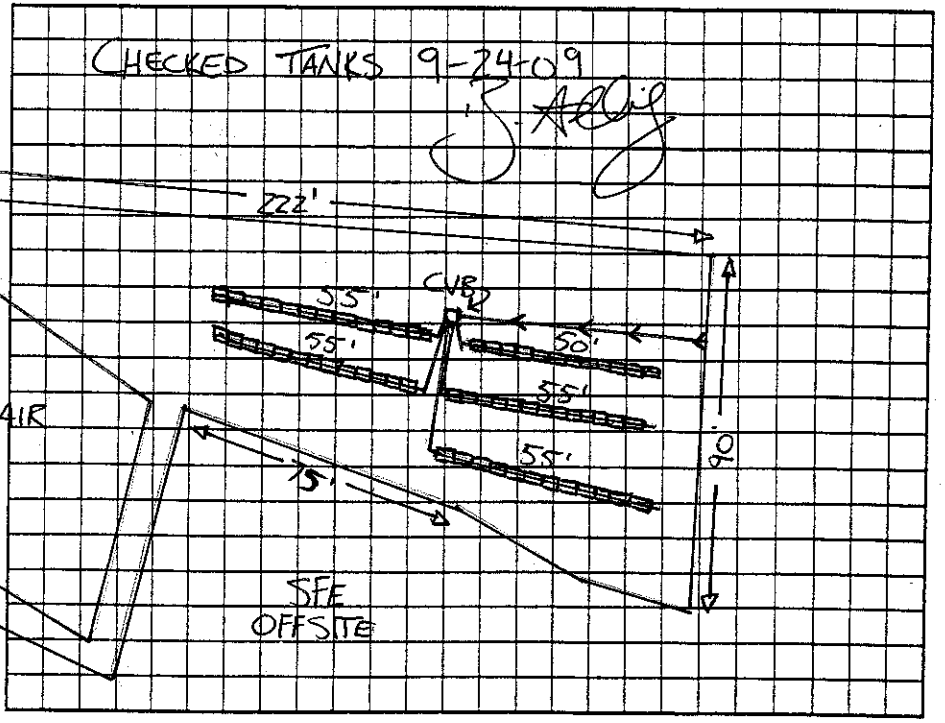
Comments:/Conditions: Place wells as shown to meet set backs

Comments:/Conditions:

INITIAL SITE SKETCH



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 5/22/08 Installed by: ROWAN SEPTIC TANK

Improvement Permit by: ____ date 5-21-08 Operation Permit by: ____ RS date 10-13-09

Authorization to Construct by: ____ date 7-17-09 Existing System Inspection by: ____ date ____

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