2:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 146726 PIN# 4750704968 DATE [redacted] 5-20-08

OWNER OR APPLICANT Pilot Development PHONE: Business _____ Home _____

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

LOCATION Hwy 115 N, TR Shepherds, TL Houston TL Colonial Congress, TL Mills Plantation Cir. TR Kings

SUBDIVISION Georgia Mills BLOCK / SECTION _____ LOT 49 LOT AREA .93 AC SITE CLASS. PSD DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825 Date 7-1-10

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1206' Linear Feet 402'

No Lines 3@134' 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: Grav. 25%

Repair System Description: LPP BPS

Maintenance Agreement Required: ☐ Yes ☒ No Initially

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

No. Bedrooms 4 No. Persons 8 No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Fill All Gullies

Do not cut for slab

Comments:/Conditions: Installed 4 lines @ 100'

Quick 4, 1st line 46' from ST

INITIAL SITE SKETCH

See Plan From S+ME

AS BUILT SKETCH

See revised Drawing attached

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 5/27/08 Installed by: Rowan Septic

Improvement Permit by: _____ date 5-20-08 Operation Permit by: _____ date 8/18/2010

Authorization to Construct by: _____ date 6-9-10 Existing System Inspection by: _____ date _____

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