IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 150349 PIN# 4750812010 DATE 5-20-08

OWNER OR APPLICANT ~~Pilot Development~~ Adams Homes PHONE: Business 704-982-1250 ~~Home~~ Kathleen STME

ADDRESS 132 Joe V Knox Ave Suite 107 Mooresville NC 28117

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

SUBDIVISION Georgia Mills BLOCK / SECTION ____ LOT 316/320 LOT AREA .774@ SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825 Date 11/10/09

Pump Tank: 1000 Gallons: PT 302 Date 6/18/08

Pump Make: Zoeller Model N152 Serial No. ____

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

No Lines 3@90' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth ____

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: LPPBPS

Repair System Description: LPPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

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

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

Water Supply: ☒ Individual ☐ Public ☐ Community

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

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

Comments/Conditions:

INITIAL SITE SKETCH

SEE Plan From STME

AS BUILT SKETCH

The proposed / existing Pool addition does not appear to impact the existing septic system.

**NOTE: Pool shall be min. 15' from septic

Judy McNeill REHS

Date: 4-8-11

ICHD-Environmental Health Division

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

Improvement Permit by: ____ date 5-20-08

Authorization to Construct by: ____ date 9/26/08

Installed by: Rowan

Operation Permit by: ____ date 1/15/09

Existing System Inspection by: ____ date ____

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