IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECT.

PERMIT# 107429 PIN# ~~4627-90-1412.335~~ 4627-90-7667 DATE 5/13/04

OWNER OR CONTRACTOR Anaheim Homes Inc. PHONE: Business 704-907-9250 Home

ADDRESS PO Box 610 Cornelius, NC. 28031-0610

LOCATION 1100, TR Blume Rd TL Cicero TL Shavender TL Palmer Marsh, to Poston (L), 2 NO

SUBDIVISION Shavender Bluff BLOCK / SECTION 3 LOT 335 LOT AREA .699 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 792 Date 2/5/04
Pump Tank: 1000 Gallons; PT 27 Date 4/12/04
Pump Make: Gould Model WE0 311 SM Serial No. M0373603M
Nitrification Field: No Fields 1 Square Feet 540/810 Linear Feet 270
No Lines 3@90' Trench Width 2-3' Max Trench Bottom Depth 3' Gravel Depth No

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Pres Dosed 16" PPBPS
Repair System Description: Same
Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 4
[ ] Business No. Employees
[ ] Other

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

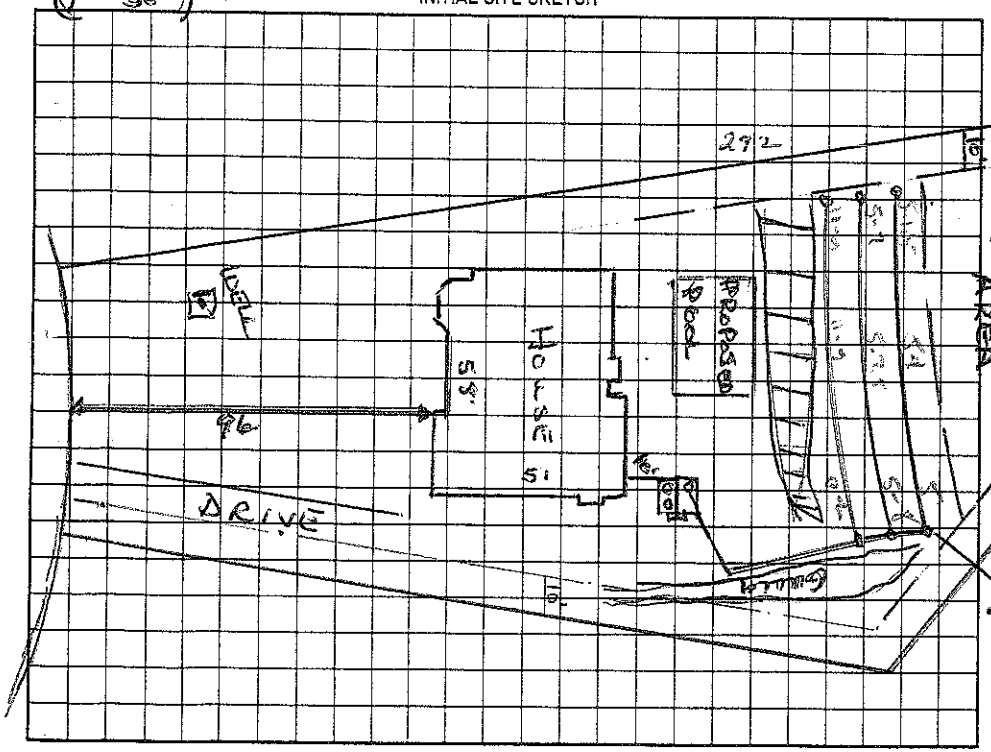
Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions:

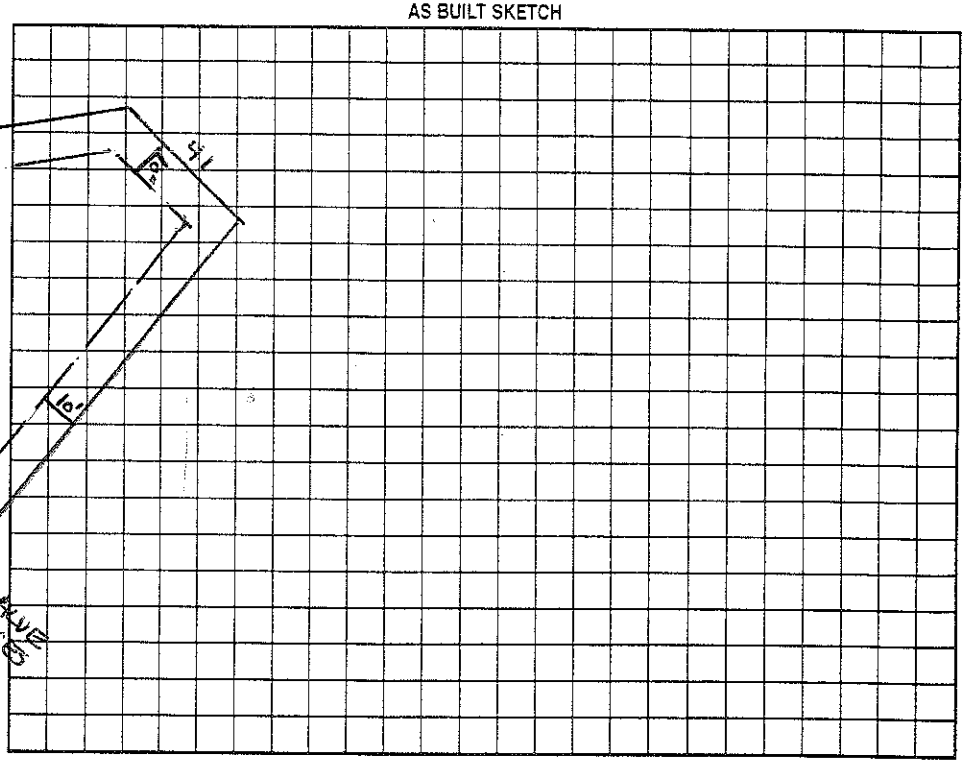
Comments:/Conditions:

(1" = 50')

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: [signature] date 5-18-04

Improvement Permit by: Wesley Sparks RS. date 5/13/04

Authorization to Construct by: Wesley Sparks RS date 5/13/04

Installed by: Marty Tumlin

Operation Permit by: [signature] RS date 7/20/04

Existing System Inspection by: date

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