IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123297 PIN# 4664 67 0275. 046 4664-57-3402 DATE 4/21/05

OWNER OR CONTRACTOR ~~PIAGGIONE DEVELOPMENT~~ EDWARDS CONST. PHONE: Business 363-5007 Home

ADDRESS 17105 KEATON DR. SUITE 207-C CORNELIUS NC 28031

LOCATION SHEARERS (S) - TL ANNISTON - TR LOGAN - TR ELIZABETH - ON RT CORNER

SUBDIVISION ANNISTON BLOCK / SECTION 1 LOT 46 LOT AREA .89AC SITE CLASS. PS DESIGN FLOW 450GD L.T.A.R. 1250 sq ft

Septic Tank: 1000 Gallons; STB 794 Date 10-7-06
Pump Tank: 1000 Gallons; PT 285 Date 10-24-06
Pump Make: Gould Model 3/4 HP Serial No. WR07124
Nitrification Field: No Fields 1 Square Feet 660 Linear Feet 330
No Lines 3@110' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LP PANEL
Repair System Description: SAME
Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other

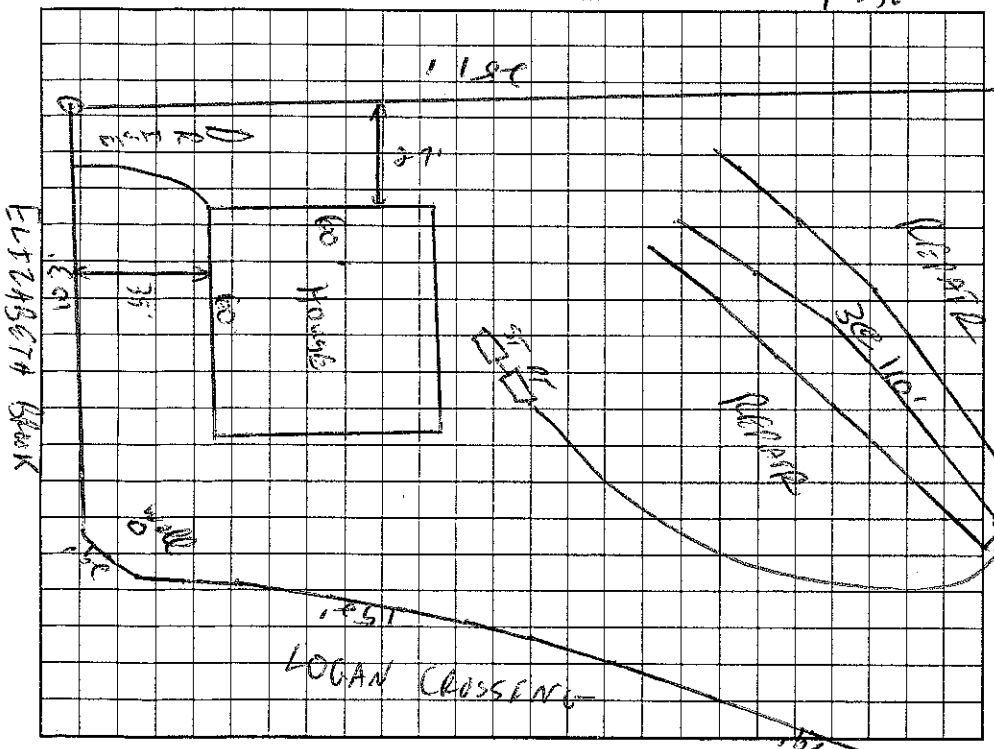
Water Supply: ☑ Individual ☐ Public ☐ Community

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

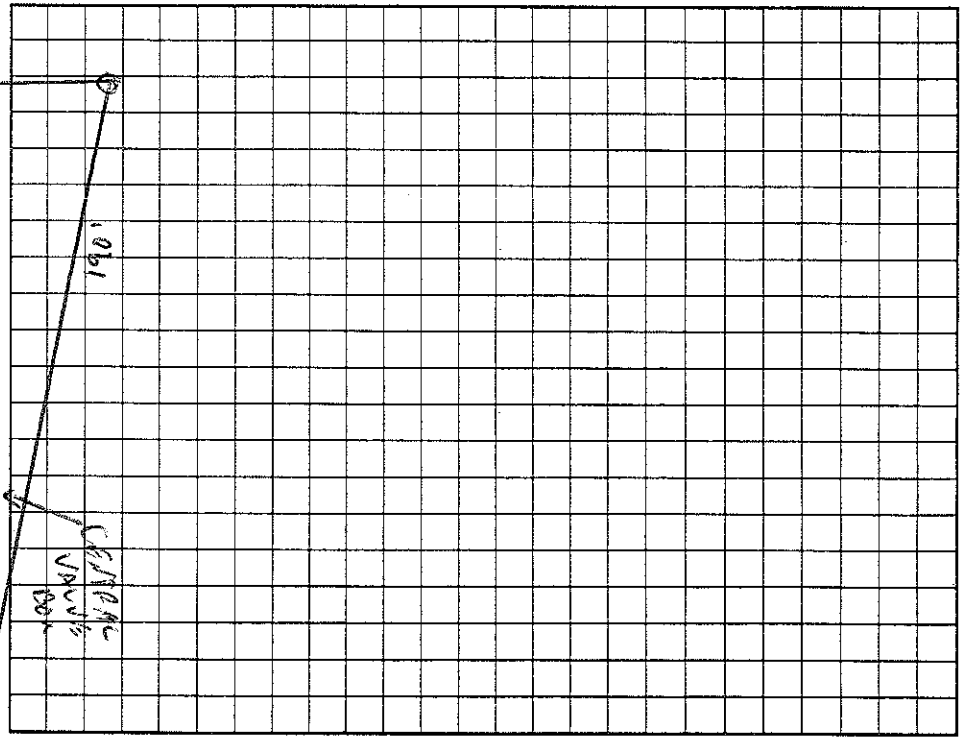
Comments:/Conditions: DO NOT CUT HOUSE PAD

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



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 5-17-05 Installed by: MARTY TUCKER

Improvement Permit by: [signature] date 4/21/05 Operation Permit by: [signature] date 12-14-06

Authorization to Construct by: [signature] RS. date 5/9/06 Existing System Inspection by: date

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