IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 142133 PIN# 4664667977.073 4664-67-5418 DATE 6-17-08

OWNER OR APPLICANT Blyto Builders PHONE: Business _____ Home _____

ADDRESS 17825 Statesville Rd, Suite 112, Cornelius NC 28031

LOCATION Sherrers Rd, TL Anniston Way, TR Burnell, on Right

SUBDIVISION Anniston BLOCK / SECTION _____ LOT 73 LOT AREA 1.3 Ac. SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .25 / .1 (Repair)

Septic Tank: 1500 Gallons; STB 1390 Date 5/13/08
Pump Tank: 1500 Gallons; PT 353 Date 7/8/08
Pump Make: Goulds Model WK 212MV Serial No. _____
Nitrification Field: No Fields 1 Square Feet 800' Linear Feet 400'
No Lines 6 Trench Width 24" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: LP PPBPS
Repair System Description: Drip Irigation
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions: Keep tanks min 5' from house & keep lines 10' from house & prop lines & 15' from proposed pool

Comments/Conditions: Drainlines checked 12/8/08 Tanks checked 12/5/08
Pressure checked 12/9/08

INITIAL SITE SKETCH

SEE PLAN FROM ASHLEY ROLLANS

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: Teresa Sheets date 6-17-08

Improvement Permit by: B-Allen date 6-17-08

Authorization to Construct by: B-Allen date 6-17-08

Installed by: A-1 Backhoe

Operation Permit by: B-Allen date 2-25-09

Existing System Inspection by: _____ date _____

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