IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138093 PIN# 4664 68 9744.096 4664-68-6507 DATE Feb 13, 2007

OWNER OR APPLICANT Anniston LLC / Niplock PHONE: Business _____ Home _____

ADDRESS 17825 Statesville Rd Suite 112, Cornelius, N.C. 28031

LOCATION Spearnard Rd. South TL Anniston Way TL Timberside Dr. TL Hanover Ln. on left at end.

SUBDIVISION Anniston BLOCK / SECTION 3 LOT 96 LOT AREA .90Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000 Gallons: ST8 794 Date 10-6-07

Pump Tank: 1000 Gallons: PT 277 Date 4-7-08

Pump Make: Goulds Model PE5184E Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1050 * Linear Feet 350 *

No Lines 5 Trench Width 36" * Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

System Description: LP PPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: 6/13/08 Checked tanks * Per PlanSpecs, Subsurface drain required. 6/18/08 Drainlines, pressure, elect & alarm Checked by BA

Comments:/Conditions: 6/13/08 Checked at Subsurface drain. Site visit & okay to install in 4 lines for Drain Field.

INITIAL SITE SKETCH

SEE Plan from Rollins Soil and Env. Services

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: Michael Boyd date 2-13-07

Improvement Permit by: _____ date 2-13-07

Authorization to Construct by: _____ date 4/9/08

Installed by: Larry Temple RS

Operation Permit by: _____ date 8/5/08

Existing System Inspection by: _____ date _____

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