IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13681Z PIN# 4664 67 8975.049 4664-68-4128 DATE August 8, 2006

OWNER OR APPLICANT Anvil Stern, LLC / Nu Block PHONE: Business Home

ADDRESS 17824 Statesville Rd. Suite 112, Cornelius, N.C. 28031

LOCATION Shearer Rd. (S) 1 mile, Connector x Creek on left

SUBDIVISION Anvil Stern BLOCK / SECTION LOT 49 LOT AREA .816Ac SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .025

Septic Tank: 1500 Gallons; STB 334 Date 1/11/07

Pump Tank: 1500 Gallons; PT 477 Date 2/14/07

Pump Make: Goulds Model WE0-5114 Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" x Max Trench Bottom Depth 36" x Gravel Depth N/A ☐ Gravity ☒ Pressure

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

System Description: LPPPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 5 No. Persons No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

x per plan specs

Comments:/Conditions:

INITIAL SITE SKETCH

SEE Plan from Rollins Soil & 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: [signature] date 8-17-06

Improvement Permit by: [signature] date 8-8-06

Authorization to Construct by: [signature] R.S. date 1/2/07

Installed by: Larry Hinkle

Operation Permit by: [signature] date 4-13-07

Existing System Inspection by: date

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