IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13809 | PIN# 4664 68 9744.094 4664-68-8570 | DATE Jan 18, 2007

OWNER OR APPLICANT Anniston LLC / N. Sides | PHONE: Business _____ Home _____

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

LOCATION Shearer's Rd. (S) TL Anniston Way TL Timbersite Dr. TL Hanover Ln. on left

SUBDIVISION Anniston | BLOCK / SECTION _____ | LOT 94 | LOT AREA ±.91Ac | SITE CLASS PS | DESIGN FLOW 600gpd | L.T.A.R. .25

Septic Tank: 1500 Gallons; STB 444 Date 5-1-07

Pump Tank: 1500 Gallons; PT 447 Date 4-2-07

Pump Make: ~~PE5IM~~ Model PE5IM Serial No. _____

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

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

Go dots

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

System Description: LP PPBPS

Repair System Description: LP PPBPS

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: * PER PLAN Specs
Interceptor DRAIN Required. See plan

Comments/Conditions: 1/20/07 Check tanks & interceptor drain
Checked Lines & pressure 6/25/07
Elevate alarm by JM 7/26/07

INITIAL SITE SKETCH

Note: Drive on left side of house Kept interceptor drain to left of drive on PL.

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: _____ date 2-13-07 Installed by: Larry Finkle

Improvement Permit by: _____ date 1-18-07 Operation Permit by: _____ date 7/27/07

Authorization to Construct by: _____ date 4-27-07 Existing System Inspection by: _____ date _____

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