IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136814 PIN# 4664 67 8995 ,050 4664-68-9159 DATE August 8, 2006

OWNER OR APPLICANT Annistor, LLC / NIBlock PHONE: Business _____ Home _____

ADDRESS 17624 Statesville Road Suite 112, Cornelius, N.C. 28031

LOCATION Shearers Rd. (S) 7.2 mi to Annistor X Creek on left

SUBDIVISION Annistor BLOCK / SECTION _____ LOT 50 LOT AREA .82 Ac SITE CLASS. 95 DESIGN FLOW 480gpd L.T.A.R. .225

Septic Tank: 1000 Gallons; STB 744 Date 2-22-07
Pump Tank: 1000 Gallons; PT 293 Date 2-28-07
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1086* Linear Feet 362
No Lines _____ Trench Width* 36" Max Trench Bottom Depth* 36" Gravel Depth _____

☒ 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 4 No. Persons _____ No. Employees _____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:
* per plan specs

Comments:/Conditions:
Installed 4 Lines of TdJ panel

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: _____ date 8-17-06 Installed by: Larry Hinkle

Improvement Permit by: _____ date 8-8-06 Operation Permit by: _____ date 4-19-07

Authorization to Construct by: _____ RS. date 11-2-07 Existing System Inspection by: _____ date _____

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