Relocation

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14821 PIN# 4664468974 4664-68-9741 DATE 2-4-08

OWNER OR APPLICANT Niblock Homes PHONE: Business 788-4818 Home

ADDRESS 290 McGill Ave Concord NC

LOCATION Shearers Rd TL Anniston Way TL Timberside Dr on right #116 Timberside

SUBDIVISION Anniston BLOCK / SECTION 3 LOT 118 LOT AREA .93 Acre SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. ,3

Septic Tank: 1500 Gallons; STB 444 Date 7-27-07

Pump Tank: 1500 Gallons; PT 477 Date 6-3-07

Pump Make Goulds Model WE0712H Serial No.

Nitrification Field: ~~No Fields~~ Square Feet Linear Feet

~~No Lines~~ 5 Trench Width Existing Max Trench Bottom Depth Gravel Depth ☐ 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: Pump-up Panel Blk

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Persons

☐ Business No. Employees

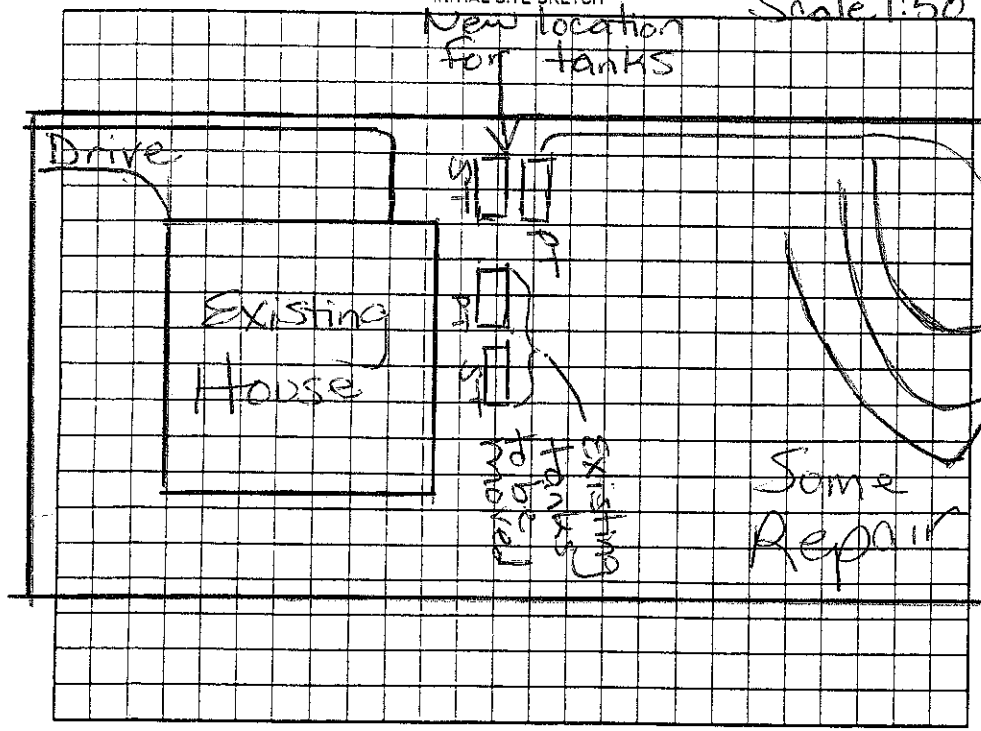
☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

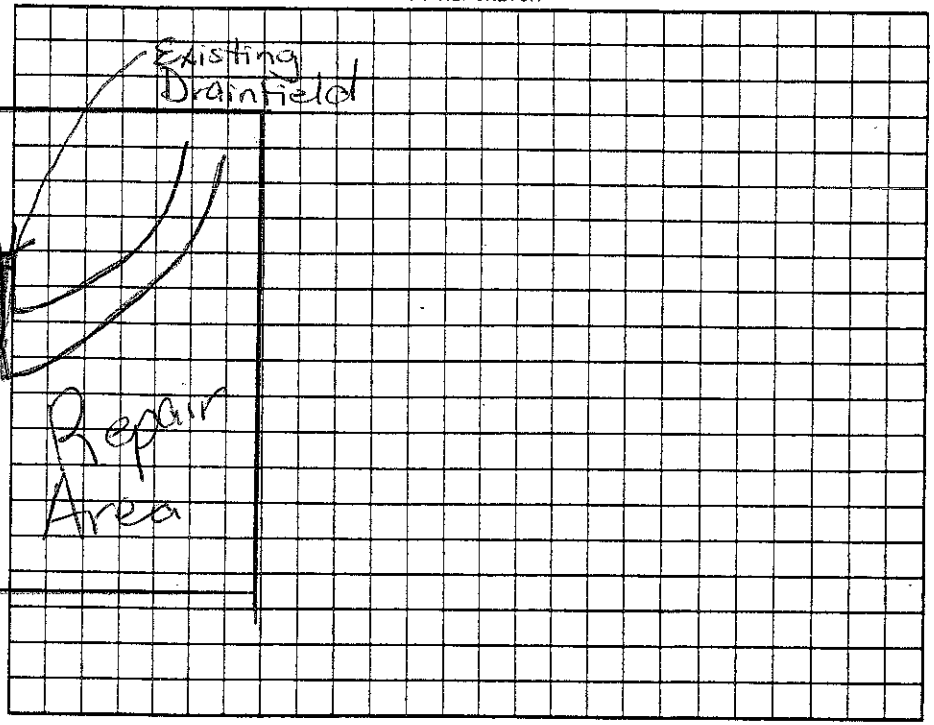
Comments/Conditions: House has not been ~~lived in~~ occupied yet, however Septic System was finaled on 9/21/07.

Comments/Conditions: Moving ST & PT in order to build screen porch 2/7/08 Reset pressure @ 2ft

INITIAL SITE SKETCH Scale 1:50



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: X

Improvement Permit by: date 2/5/08

Authorization to Construct by: date 2/5/08

Installed by: Larry Henkle RS

Operation Permit by: date 2/7/08

Existing System Inspection by: date

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138122 PIN# 4664 68 9744 .118 4664-68-9741 DATE Jan 17, 2007

OWNER OR APPLICANT Anniston LLC / NIBLOCK HOMES PHONE: Business _____ Home _____

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

LOCATION Shearers rd. (S) TL Anniston Way TL Timberside Dr. on Right

SUBDIVISION Anniston BLOCK / SECTION _____ LOT 118 LOT AREA .93 Ac SITE CLASS BS DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank: 1500 Gallons: STB 444 Date 7-27-07

Pump Tank: 1500 Gallons: PT 477 Date 6-3-07

Pump Make: Goulds Model WE0712H Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1125 * Linear Feet 375 *

No Lines 5 Trench Width 36" * Max Trench Bottom Depth 36" Gravel Depth NA ☐ 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:

* Per Plan Specs

7-26-07 OK to plant out rear of house (upper middle) and locate tanks accordingly

INITIAL SITE SKETCH

SEE Plan from Rollins Soil and Env. Services

Comments:/Conditions: 9/17/07 Checked tanks

9/20/07 Checked lines

9/21/07 Pressure, elect. alarm.

AS BUILT SKETCH

Installed essentially as Drawn

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Signed: _____ date 2-13-07

Improvement Permit by: _____ date 1-17-07

Authorization to Construct by: _____ date 5/22/07

Installed by: Larry Hyatt RS

Operation Permit by: _____ date 9/21/07

Existing System Inspection by: _____ date _____

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