IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 142156 PIN# 4664466797 7.061 4664-77-0066 DATE 3/17/08

OWNER OR APPLICANT Anniston LLC PHONE: Business _____ Home _____

ADDRESS 17825 Statesville Rd. Suite 112, Cornelius, NC 28031

LOCATION Shearer's Rd. South, TL Anniston Way, TR Burnell, TL Walking House, 1st on left

SUBDIVISION Anniston BLOCK / SECTION -2 LOT 61 LOT AREA 1.35ac SITE CLASS. P.S. DESIGN FLOW 600 gal/d T.A.R. 0.3 initial, 0.35 repair

Septic Tank: 1500 Gallons; STB 390 Date _____

Pump Tank: 1500 Gallons; PT 353 Date 2/4/08

Pump Make: ZOELLER Model N-163G Serial No. _____

Nitrification Field: No Fields 1 Square Feet 2000 Linear Feet 333

No Lines 5 Trench Width 24" 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: LP PPBPS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

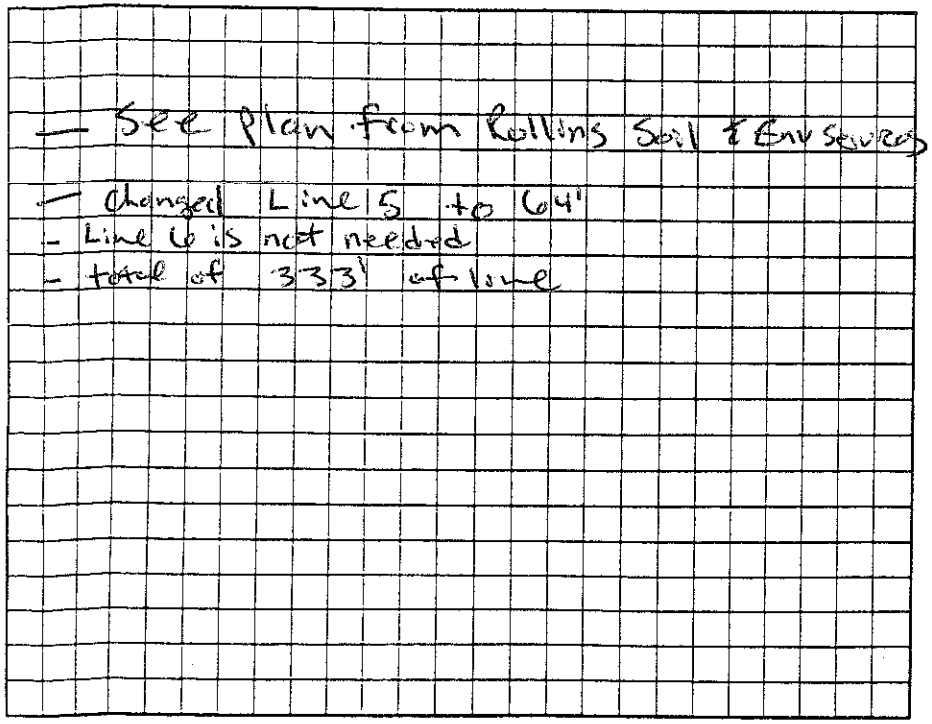
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

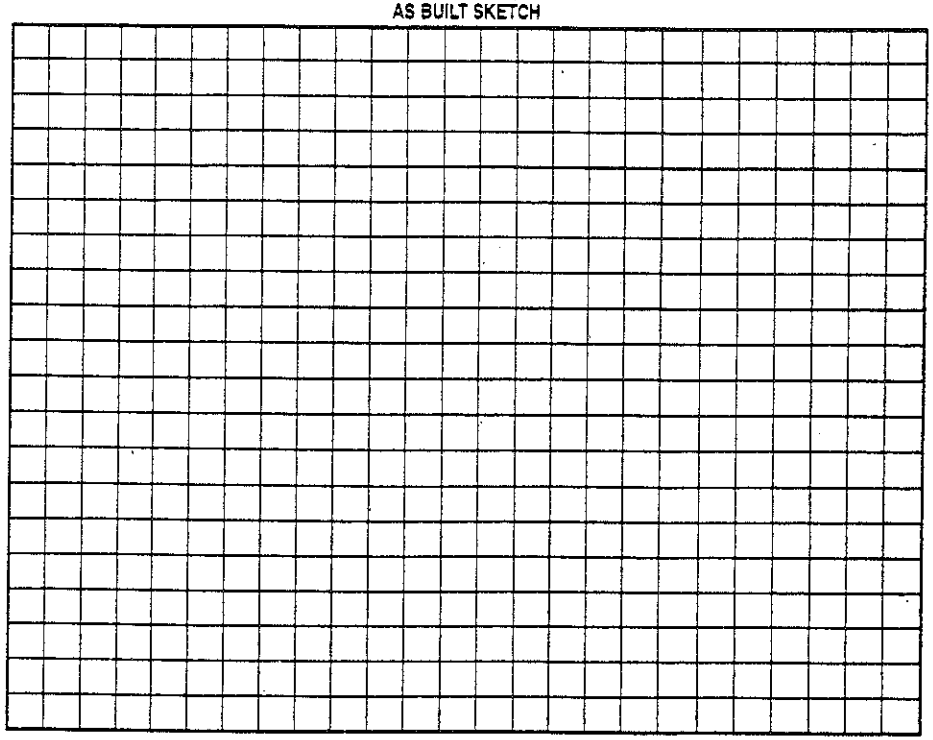
~~X~~ per plan specs

Comments:/Conditions:

INITIAL SITE SKETCH



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: James M. O'Donal date _____

Improvement Permit by: Randy Moore date 3/17/08

Authorization to Construct by: Randy Moore date 3/17/08

Installed by: Specialty Septic Services

Operation Permit by: Randy Moore date 5/22/08

Existing System Inspection by: _____ date _____

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