IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136815 PIN# 4664 67 8995 .051 4664-78-0240 DATE August 8, 06

OWNER OR APPLICANT Anniston LLC / BLUTO Builders PHONE: Business _____ Home _____

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

LOCATION Shearers Road South 1/2 mile Cornelius x creek on left

SUBDIVISION Anniston BLOCK / SECTION _____ LOT 51 LOT AREA .95 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .225 initial / .25 Repair

Septic Tank: 1000 Gallons; STB 317 Date 11/21/05

Pump Tank: 1000 Gallons; PT 27 Date 3/7/06

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 927 * Linear Feet 309 *

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: LPP/BPS

Repair System Description: LPP/BPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

* 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: Ron Calley date 8-17-06

Improvement Permit by: _____ date 8-8-06

Authorization to Construct by: Wesley Sparks RS date 10/31/06

Installed by: Larry Tucker

Operation Permit by: Wesley Sparks RS date 8/15/07

Existing System Inspection by: _____ date _____

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