Larry 634-
H-mile 24/50

2-2:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138100 PIN# 4664 68 9744.102 4664-78-1864 DATE Jan 16, 07

OWNER OR APPLICANT Anniston LLC / BLOCK 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 left past Hanover Ln.

SUBDIVISION Anniston BLOCK / SECTION 3 LOT 102 LOT AREA .88 Ac SITE CLASS. Rs DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 10-19-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 4 Square Feet 1575 Linear Feet 525 *
No Lines 5 @ 105' Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair [ ] Expansion System Type: I (II) III IV V VI
System Description: Gravity 25% Reduction
Repair System Description: LP PPBPS
Maintenance Agreement Required: [ ] Yes [X] No
Gravel Depth _____ [X] Gravity [ ] Pressure [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Persons _____
[ ] Business No. Employees _____
[ ] Other _____

Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions:
* Per Plan Specs
Divert Stormwater Around Drainfield Area

Comments:/Conditions: Used Quick 4, Fed from End Caps Installed as drawn

INITIAL SITE SKETCH

(1) WALK House FOR BEDROOMS!!

SEE Plan from Rollins Soil & Env. Services

AS BUILT SKETCH

No pool within 15ft of Septic

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 [X] 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 Hankins RS

Improvement Permit by: _____ date 1-16-07 Operation Permit by: _____ date 6/10/08

Authorization to Construct by: _____ date 3/27/08 Existing System Inspection by: _____ date _____

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