IREDELL COUNTY HEALTH DEPARTMENT

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

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

200

PERMIT# 138119 PIN# 4664667444.115 4664784648

OWNER OR APPLICANT ~~Anniston LLC~~ Bryan Homes PHONE: Business _____ Home _____ DATE Jan 17, 2007

ADDRESS 17625 Statesville Rd, Suite 102, Cornelius, N.C. 28031

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

SUBDIVISION ANNISTON BLOCK / SECTION _____ LOT 115 LOT AREA .75ac SITE CLASS. PS DESIGN FLOW 660gpd L.T.A.R. .8

.54AC

Septic Tank: 1500 Gallons; STB 944 Date 5-12-07

Pump Tank: 1500 Gallons; PT 477 Date 6-20-07

Pump Make Goulds Model PE51M Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: pm 25% Reduction

Repair System Description: LPP85

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth NA ☐ Gravity ☒ Pressure

☒ 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:

Shave off old burms in septic system area.

Comments:/Conditions: 2/4/07 Checked tanks, lines & pressure, Elect box sealed

INITIAL SITE SKETCH

SEE Plan from Rollins Soil and Env. Services

AS BUILT SKETCH

Installed Quick 4 as shown

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: Justin Bryant

Improvement Permit by: _____ date 2-13-07

Authorization to Construct by: _____ date 1-17-07

Installed by: Larry _____

Operation Permit by: _____ date 5-16-07

Existing System Inspection by: _____ date 2/20/07

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