IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~[illegible]~~ 17876Z PIN# 4664 79 2036.108 4664 795 780 DATE Sept 13, 07

OWNER OR APPLICANT Anniston LLC PHONE: Business _____ Home _____

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

LOCATION Shearers Rd South TL Anniston Way TL Timberside Dr. on right at end

SUBDIVISION Anniston BLOCK / SECTION 3 LOT 108 LOT AREA 1.08Ac SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .275

Septic Tank: 1500 * Gallons; STB 338 Date 9-8-12
Pump Tank: 1500 * Gallons; PT 477 Date 9-4-12
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet 1170 * Linear Feet 390 *
No Lines 6 Trench Width 36" * 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

Install Drainfield Laterals at 36" trench bottom depth in order to get below AREAS of soil compaction in old road beds.

INITIAL SITE SKETCH

SEE PLAN from Rollins Soil + Env. Services

Comments:/Conditions:

AS BUILT SKETCH

CHECKED TANKS & LINES 10-10-12 BA
SET PRESSURE (2') 10-10-12 BA
CHECKED ELEC 11-1-12 BA

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: Ian Taylor date 9.20.07 Installed by: LARRY BENKLE

Improvement Permit by: [signature] date 9-13-07 Operation Permit by: [signature] date 11-1-12

Authorization to Construct by: [signature] date 6-29-12 Existing System Inspection by: _____ date _____

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