IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 89285 PIN# 4713 86 3579 DATE 5/23/00

OWNER OR CONTRACTOR COLLIER PROPERTIES LLC PHONE: Business 924-7120 Home

ADDRESS ~~[illegible]~~ PO BOX 366 STATESVILLE NC 28677

LOCATION HWY 70 WEST - TL BETHLEHEM RD - TL GREENWICH - ON LT NEAR END

SUBDIVISION THE LANDINGS BLOCK / SECTION LOT 32 LOT AREA .49AC SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .3GPD/FT²

Septic Tank: 1000 Gallons; STB 325 Date 5-11-00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: GRAVITY/PUMP SAME
Maintenance Agreement Required: ☐ Yes ☑ ~~No~~ 50% red.

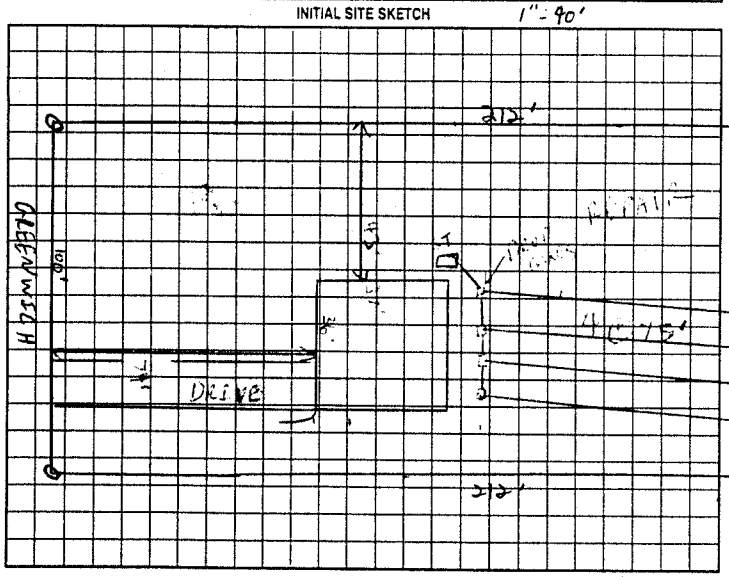
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

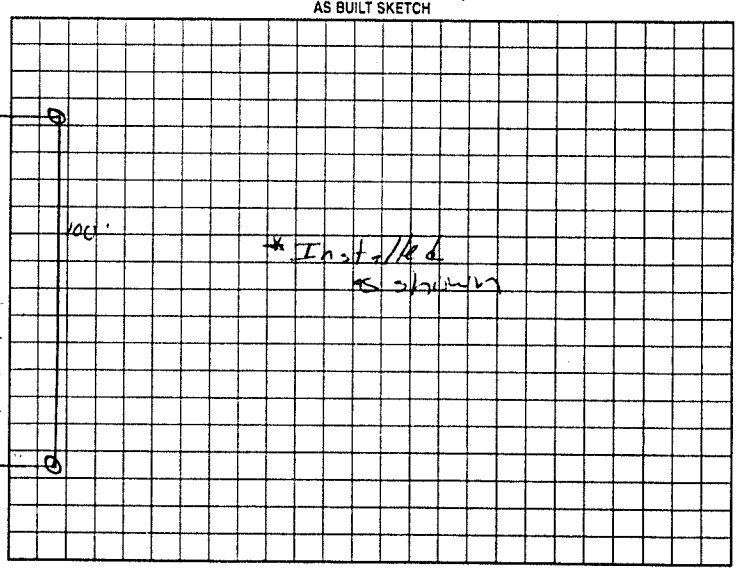
Comments:/Conditions:

Comments:/Conditions: Due to Plumbing
* Note lines Deep - soil OK 1st line 3ft to top of chamber 2nd test OK. 5 lines total

INITIAL SITE SKETCH 1" = 40'



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 plan 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: [signature] date 5/26/00 Installed by: M. C+W

Improvement Permit by: [signature] RS date 5/23/00 Operation Permit by: [signature] RS date 8-2-00

Authorization to Construct by: [signature] RS date 5/25/00 Existing System Inspection by: date

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