IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 87706 PIN# 4713864809 DATE 5/15/00

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

ADDRESS PO BOX 5806 STATESVILLE

LOCATION 70 WEST - TL BETHLEHEM - TL GREENWICH - 300 YDS ON LT

SUBDIVISION LANDINGS BLOCK / SECTION LOT 35 LOT AREA 1.49 AC SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .39 acpt

Septic Tank: 1000 Gallons; STB 825 Date 4-1-00

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5@60' Trench Width 36" Max Trench Bottom Depth 40" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: GRAVITY 25% REDUCTION

Repair System Description: PUMP SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2½ No. Employees

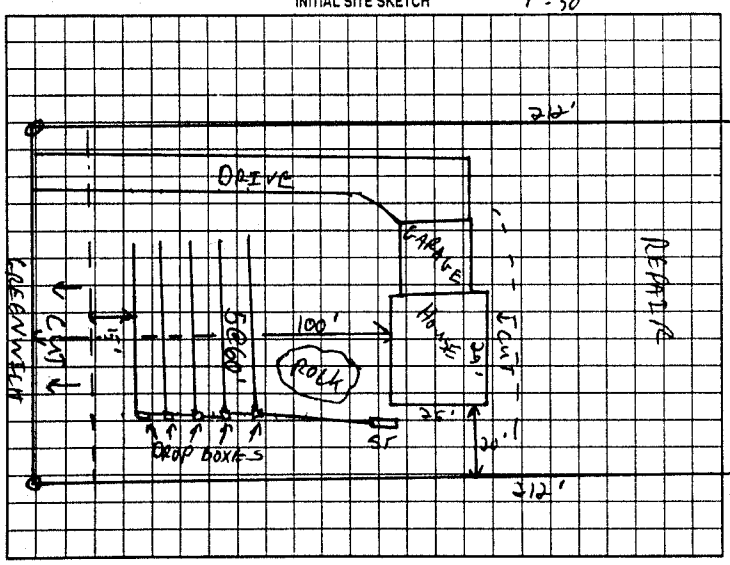
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

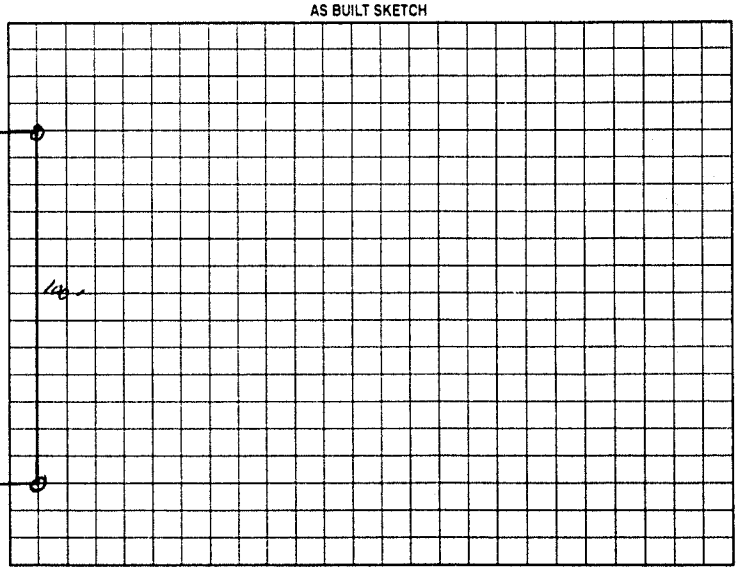
Comments/Conditions:

Comments/Conditions: 48 Chambers installed

INITIAL SITE SKETCH 1"=50'



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 5/15/00 Installed by: C&W Grading

Improvement Permit by: [signature] RS date 5/15/00 Operation Permit by: [signature] date May 17 2000

Authorization to Construct by: [signature] RS date 5/15/00 Existing System Inspection by: date

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