(CI)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106196 PIN# 4713-86-8730 DATE 5/22/02

OWNER OR CONTRACTOR Collier Properties PHONE: Business (704) 201-4993 Home Legacy Builders

ADDRESS P.O. Box 5806 Statesville N.C. 28687

LOCATION Hwy 70 West to Bethelem Rd., (L) into the The Landing (L) Heathrow, (R) in Dublin Ln.

SUBDIVISION The Landings BLOCK / SECTION III LOT 73 LOT AREA .540 Ac. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 4000 Gallons; STB 794 Date 5-12-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30"

X New System ☐ Repair System Type: I (II) III IV V VI
System Description: Gravity Conventional
Repair System Description: Gravity 25% Reduction
Maintenance Agreement Required: ☐ Yes X No
Gravel Depth 12" ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

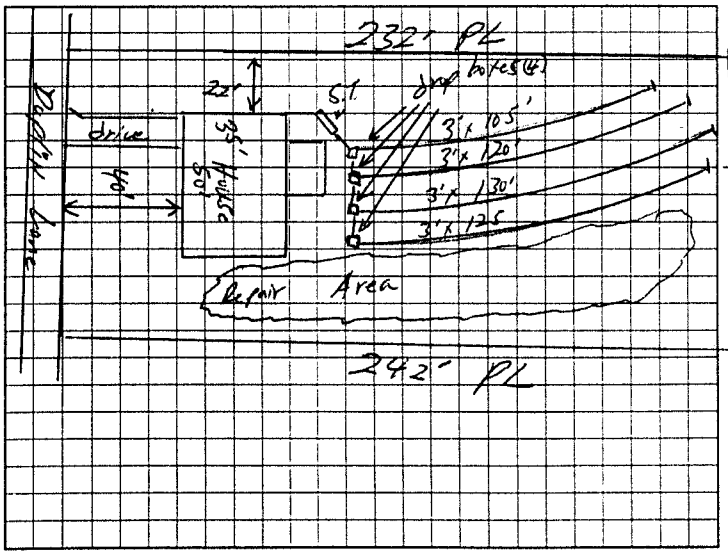
X House/Mod. Home No Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No Employees ____
☐ Other _____

Water Supply:
☐ Individual
X Public
☐ Community

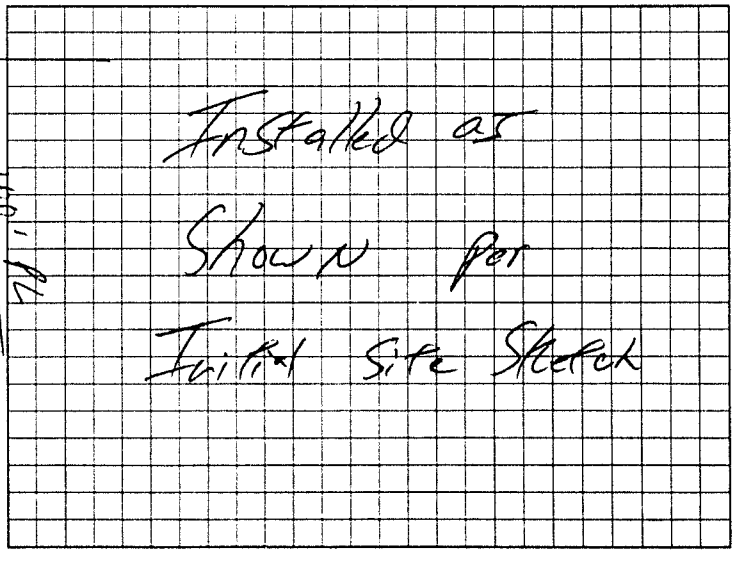
Comments/Conditions: (1) Install lines on contour (2) Do Not install when wet.

Comments/Conditions: ~~Pump~~ Label Filter + S.T. prior to Inspection!
Checked 1st line (100') + 2nd line (110') - okay 7/25/02
Checked 3rd line (130') + 4th Line (140') okay 7/29/02

INITIAL SITE SKETCH



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 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: _____ date 7-19-02 Installed by Sammy Shoemaker

Improvement Permit by: William O. Johnson date 5/22/02 Operation Permit by William O. Johnson date 7/29/02

Authorization to Construct by: William O. Johnson date 5/22/02 Existing System Inspection by: _____ date _____

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