IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 81584 PIN# 4713 86 6792 DATE June 16 99

OWNER OR CONTRACTOR Collier Properties PHONE: Business 704 924 7120 Home

ADDRESS PO Box 366 Statesville NC

LOCATION Hwy 70 W (L) Bethlehem (R) Greenwich - On corner of Greenwich & Bethlehem on Right

SUBDIVISION The Landings BLOCK / SECTION 1 LOT 6 LOT AREA ± 6.5 Ac SITE CLASS 25 DESIGN FLOW 360 L.T.A.R. -3

Septic Tank: 1000 Gallons; STB 865 Date 6.17.99
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200 (300 Req)
No Lines 4 @ 50 Trench Width Max Trench Bottom Depth 36 Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 50% Reduction PPBPS
Repair System Description: Same w/ Pump
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

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

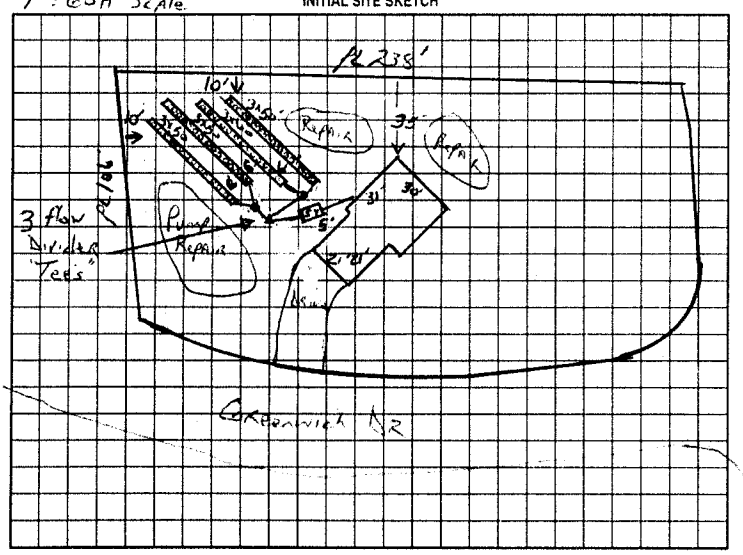
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: 44 panels + 33 Tank Sand 11 panels per Line
Install Lines on contour
Keep septic Tank Location As far up As possible To insure 4: Fifty Foot Lines

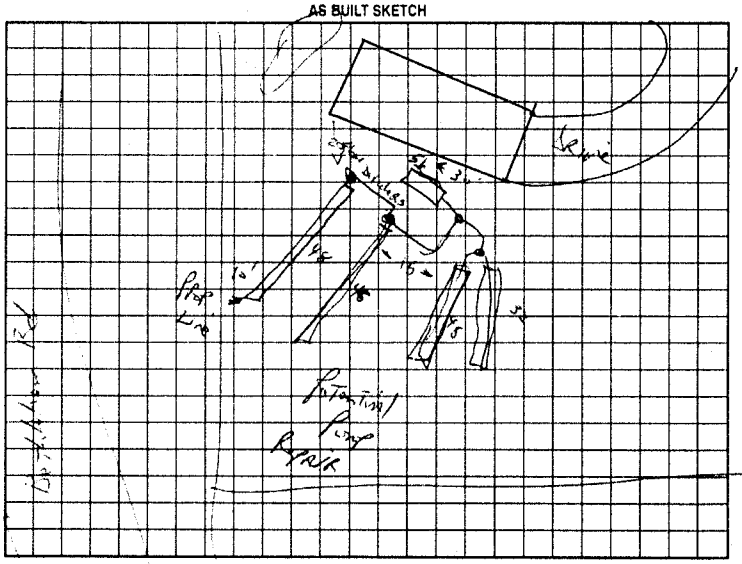
Comments/Conditions:

1" = 60ft Scale.

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: Kirk Marshburn date

Improvement Permit by: J. Potter date 6 16 99

Authorization to Construct by: J. Potter date 6 16 99

Installed by: CP W Grading

Operation Permit by: J. Potter date 8-13-99

Existing System Inspection by: date

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