IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120891 PIN# 4713-87-9268 DATE 5-22-04

OWNER OR CONTRACTOR COLLIER PROP. LLC PHONE: Business 704-902-4598 Home 704-924-7120

ADDRESS P.O. BOX 366 STATESVILLE NC 28687

LOCATION I-40 W TL OLD MTN. RD, TL BETHLEHEM RD, TR GREENWICH, TL HEATHROW, TR DUBLIN, 2ND LOT ON RIGHT

SUBDIVISION THE LANDINGS BLOCK / SECTION III LOT 56 LOT AREA 0.40 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 312 Date 10-9-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No. Fields 1 Square Feet EQ. TO 1200 Linear Feet 300
No. Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 50% REDUCTION, LOW-PRESSURE
Maintenance Agreement Required: ☐ Yes ☒ No

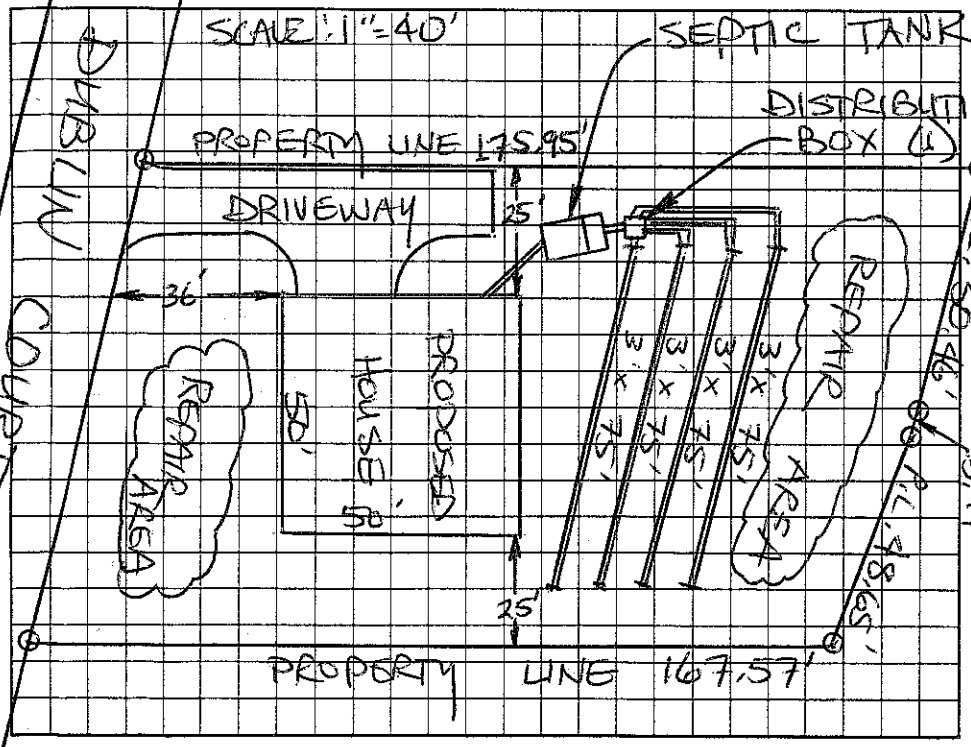
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

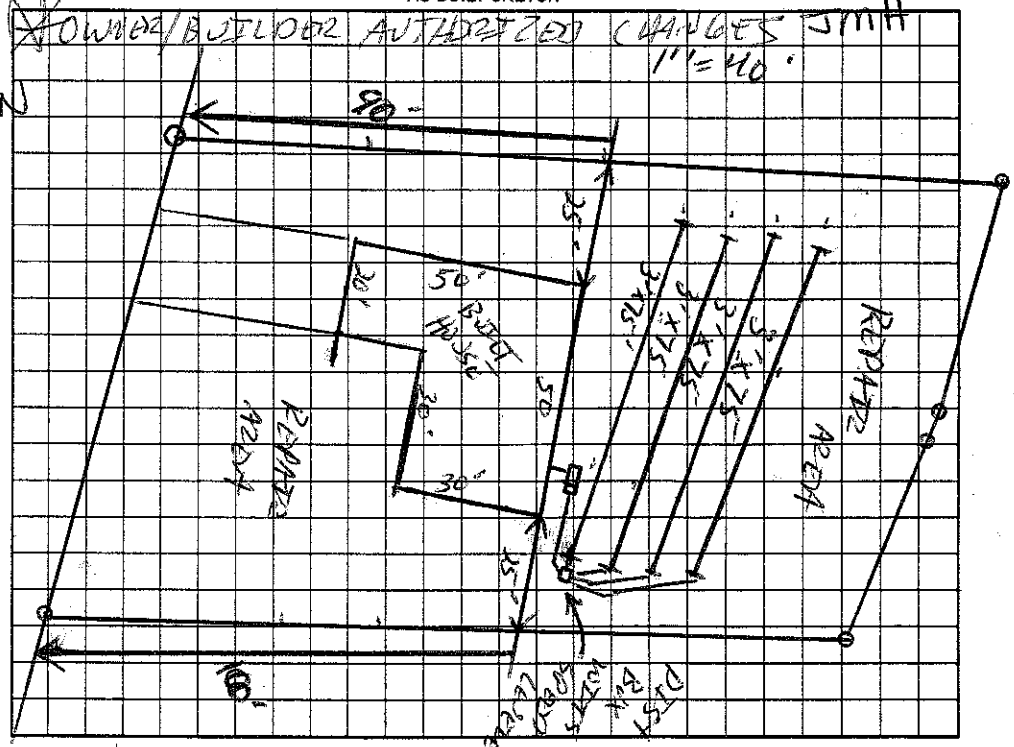
Comments/Conditions: ① STUB-OUT PLUMBING AS HIGH AS POSSIBLE TO ACCOMODATE MAXIMUM TRENCH BOTTOM DEPTH 36"
② INSTALL 25% REDUCTION SYSTEM AS SHOWN

Comments/Conditions: DOLLOK FILTER & MARKER SYSTEM W/D CORRECTLY NEED TO REPAIR STUBOUT CHANGED EZ FLOW INSTALLED

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: STEVE HEDRICK date 7-8-04 Installed by: LARRY BEAM

Improvement Permit by: STEVE HEDRICK date 5-22-04 Operation Permit by: ____ date 11-17-04

Authorization to Construct by: ____ date 7/8/04 Existing System Inspection by: ____ date ____

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