1/8/2021

Daniel and Margaret Cochran 920 Casar-Belwood Rd 704-538-5119
Owner/Legal Representative Property Address Phone No.

1635 38.91 Acres
State Rd.# S/D-MHP Section/Phase Lot # Lot Size/Acreage

Watershed Y / N Watershed Classification First Break Critical Area Y / N

Directions to property: 18N, TL Wilson Rd, TL Warlick Rd, TL Casar-Belwood Rd Prop. Approx. 1.5 miles on right at chicken Houses

New Installation ☑ Repair ☐ Expansion ☐ Change ☐
Single Family ☑ HSE ☐ MH ☐ Multi-Family ☐
Business ☐ Other: Shop
Foundation: Crawl Space ☑ Slab ☐ Basement ☐
With ☑ Without ☐ Plumbing
Water Supply: New/Existing Spring ☐ Well ☐
Public/Municipal ☑ Private ☐ Community ☐

No. of Bedrooms 2 No. of Residents/employees 4 max
Projected design flow 240 GPD LTAR .3
Wastewater System Type Trench System (Reduction) Inspection Freq. —
Tank Size: Septic 1000 Pump — Grease Trap —
Sq. footage 600 No. of Lines 3 Width 30" Length 66' Ft. on Center 9'
Depth: Max. French 36" Gravel — Cover 24"
Repair Wastewater System Type Trench System (Reduction) 100% Y / N

Condition(s) of Issuance: See C/A

Improvement permits shall be valid upon a showing satisfactory to the Department, or the local health department, that the site and soil conditions are unaltered, that the facility, design wastewater flow, and wastewater characteristics are not increased, and that a wastewater system can be installed that meets the permitting requirements in effect on the date the improvement permit was issued. The improvement permit shall not be affected by change in ownership of the site for the wastewater system, provided both the site for the wastewater system, and the facility the system serves, are unchanged and

Condition(s) of Issuance: See L/A

Improvement permits shall be valid upon a showing satisfactory to the Department, or the local health department, that the site and soil conditions are unaltered, that the facility, design wastewater flow, and wastewater characteristics are not increased, and that a wastewater system can be installed that meets the permitting requirements in effect on the date the improvement permit was issued. The improvement permit shall not be affected by change in ownership of the site for the wastewater system, provided both the site for the wastewater system, and the facility the system serves, are unchanged and remain under the ownership of control of the person owning the facility.

The local health department shall issue an authorization for wastewater system construction authorizing work to proceed, and the installation or repair of a wastewater system, when it has determined after a field investigation that the system can be installed and operated in compliance with this Article and Rules adopted pursuant to this Article.

If the installation has not been completed during the period of validity of the Construction Authorization, the information submitted in the application for an Improvement Permit or construction authorization is found to have been incorrect, falsified or changed, or the site is altered, the Improvement Permit and/or Construction Authorization shall become invalid, and may be suspended or revoked.

THIS PERMIT IS VALID FOR: 5 Years ☑ Without Expiration ☐ Attached: Plat ☐ Site plan ☐

Owner/Legal Representative	Date	Authorized State Agent	Date
Margaret Coleman	7/9/08	[signature] R.S.	7/9/08

CCHD#6 Rev.02/04

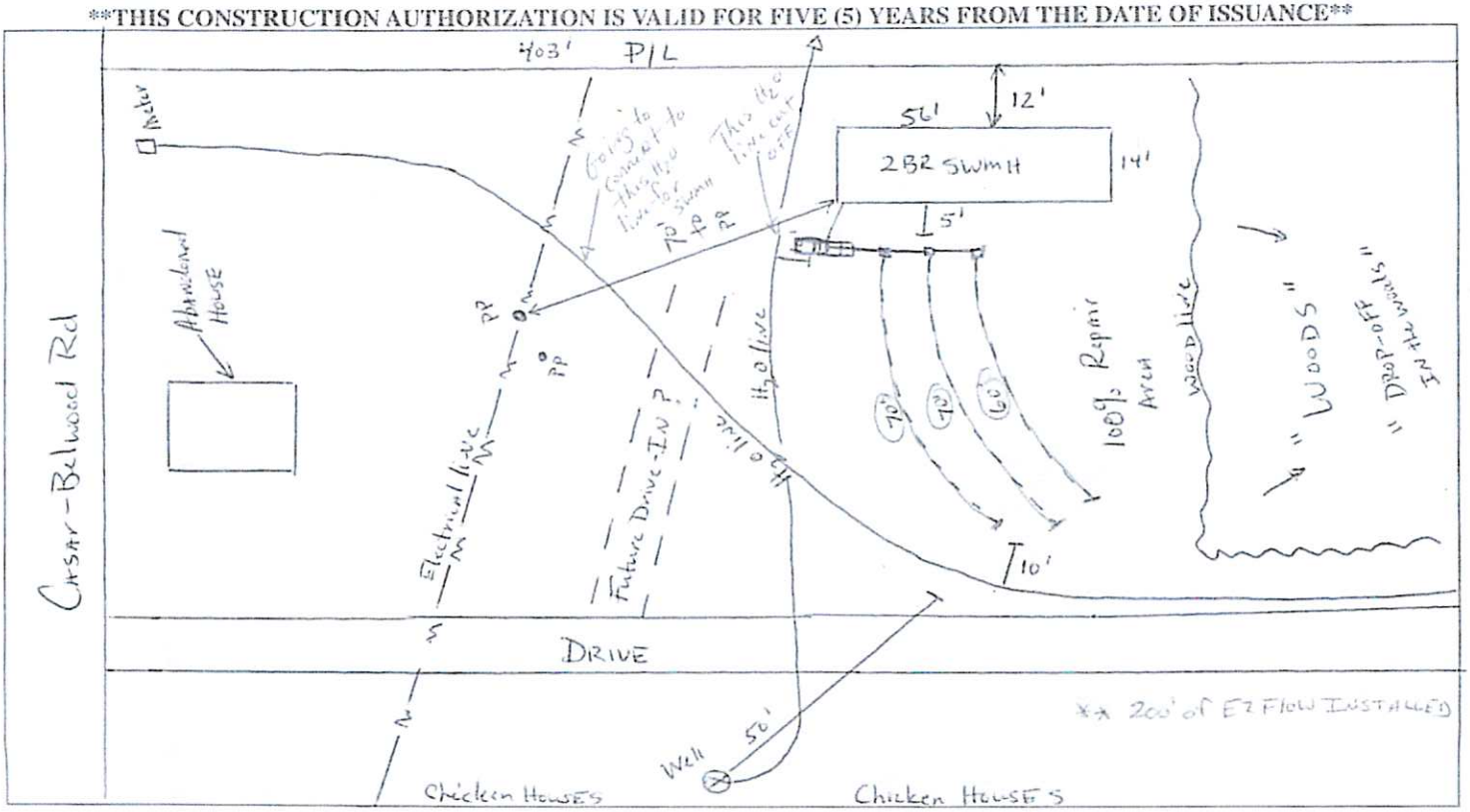
CONSTRUCTION AUTHORIZATION

CLEVELAND COUNTY HEALTH DEPARTMENT
315 GROVER STREET, SHELBY, NORTH CAROLINA 28150
(704) 484-5130 Fax:(704) 484-5135

Owner/Legal Representative	Property Address	Phone Number
Daniel and Margaret Cochran	920 Casar-Belwood Rd.	—

S/D-MHP	Lot Number	Lot Size/Acreage	Improvement Permit Number
		38.91	135656

****THIS CONSTRUCTION AUTHORIZATION IS VALID FOR FIVE (5) YEARS FROM THE DATE OF ISSUANCE****



Condition(s) of Issuance: ~~Install~~ 200' of ~~II~~A 25% reduction w/trenches 36" MAX. Keep 10' off P/L's and H2O lins and 5' off foundations. Keep 50' off wells. Install to All NC Rules + Regulations. Build up foundation.

New Installation ☑ Repair ☐ Expansion ☐ Change ☐
Single Family ☑ Multi-Family ☐ HSE ☐ MH ☐
Business ☐ Other: SWMH
Foundation: Crawl Space ☑ Slab ☐ Basement ☐
With ☑ Without ☐ Plumbing
Water Supply: ~~New~~/Existing Spring ☐ Well ☐
Public/Municipal ☑ Private ☐ Community ☐

No. of Bedrooms 2 No. of residents/employees 4 MAX
Projected design flow 240 GPD LTAR .3
Wastewater System Type ~~II~~A 25% reduction Insp. Freq. —
Tank Size: Septic 1000 Pump — Grease Trap —
Sq. Footage 600 No. of lines 3 Width 36" Length As Req Ft. on Center 9'
Depth: Trench bottom 36" MAX gravel — cover 24"
Repair Wastewater System Type ~~II~~A 25% reduction 100% Y/N

THIS AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION IS SUBJECT TO REVOCATION IF: THE SITE PLAN OR PLAT CHANGES; THE INTENDED USE OF THE PROPERTY CHANGES; THE SITE IS ALTERED OR IS MISREPRESENTED IN ANY WAY.

Owner/Legal Representative	Date	Authorized State Agent	Date
Margaret Cochran	7/01/2008	Tyler Ashe R.S.	7/9/08

OPERATION PERMIT

OSWW Installer	Authorized State Agent	Date
Rhea's Septic (Jackie Rhea)	Tyler Ashe R.S.	7/22/08

CCHD#601 REV.02/04