IREDELL COUNTY HEALTH DEPARTMENT

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

1/31/05 Paid

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

PERMIT# 11734 PIN# 4637173131 DATE 12-11-03

OWNER OR CONTRACTOR James Mark Harper PHONE: Business 828 478-3766 Home 309-2907

ADDRESS PO Box 392 Sherrills Ford, NC 28673

LOCATION Hwy 150 West TL McCrary Rd TR Hidden Harbor Rd on right

SUBDIVISION Hidden Harbor BLOCK / SECTION ____ LOT 1 LOT AREA .60 Acre SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 794 Date 12-21-04
Pump Tank: 1000 Gallons: PT 27 Date 5-2-04
Pump Make: Zoeller Model E140 Serial No. 140-0004
Nitrification Field: No. Fields 1 Square Feet 1200' Linear Feet 400
No. Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 24"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump - 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A

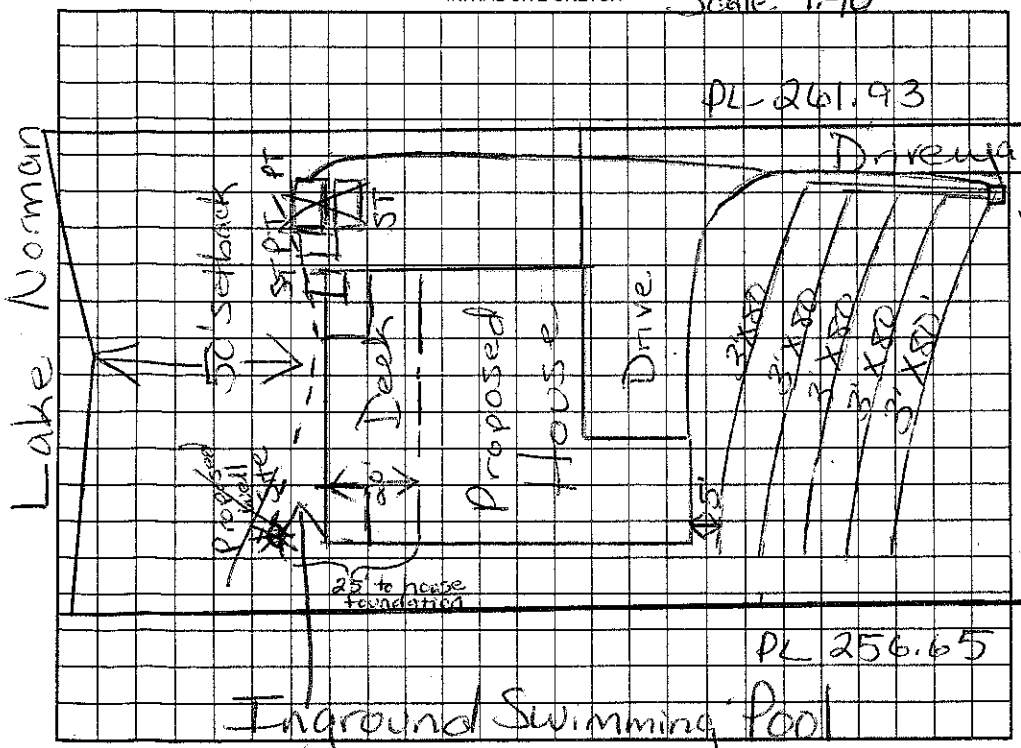
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 3 No. Employees ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

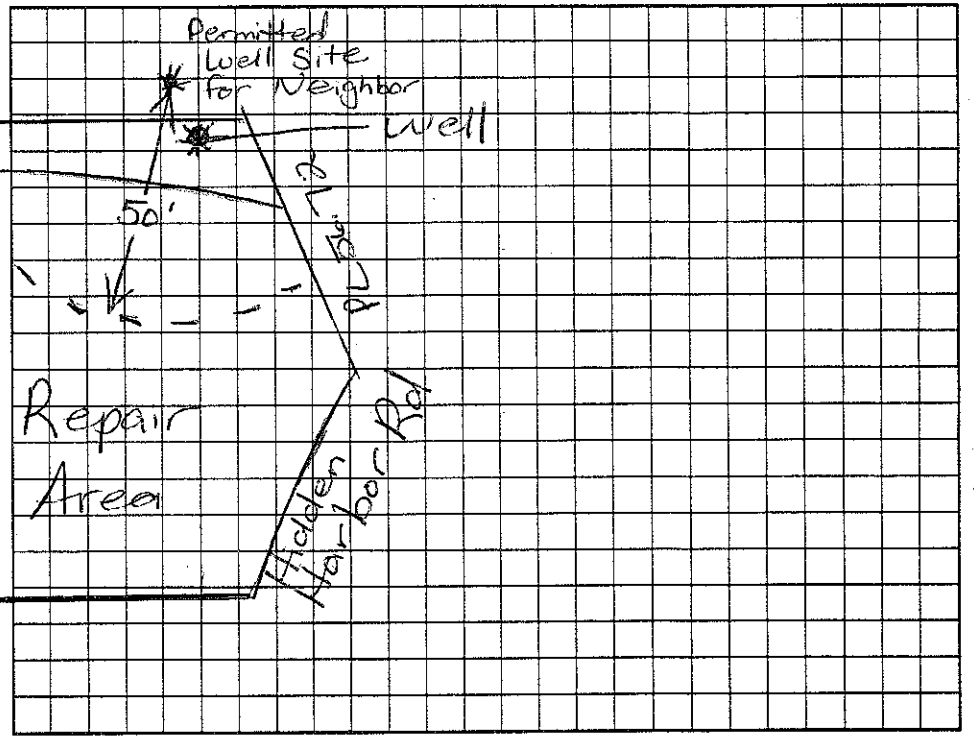
Comments/Conditions: Keep Septic System at least 10' From PL, 50' from Lake & 50' from any well

Comments/Conditions: Note: Keep trenches shallow! (less than 24 inches) to stay out of Saprolite Installed EZ Flow for Drainfield

INITIAL SITE SKETCH Scale 1:40



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 X Monna Rogers date 12-12-03 Installed by: Larry Beam RS

Improvement Permit by: Maria H. Dolson RS. date 12/11/03 Operation Permit by: Maria H. Dolson date 5/9/05

Authorization to Construct by: Maria H. Dolson RS date 12/11/03 Existing System Inspection by: ____ date ____

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