3:20

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 066855 PIN# ~~4638 77 1716~~ 4638-77-9695 DATE March 26, '99

OWNER OR CONTRACTOR Campagna Homes Inc. PHONE: Business _____ Home _____

ADDRESS 4091 Woodbury Ter Concord N.C. 28027

LOCATION Poth Rd. N. TL Woodstork Cove immediately on Right

SUBDIVISION Harborviews BLOCK / SECTION 5 LOT 35 LOT AREA .63Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 4-4-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 @100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY INNOVATIVE 125% Reduction
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

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

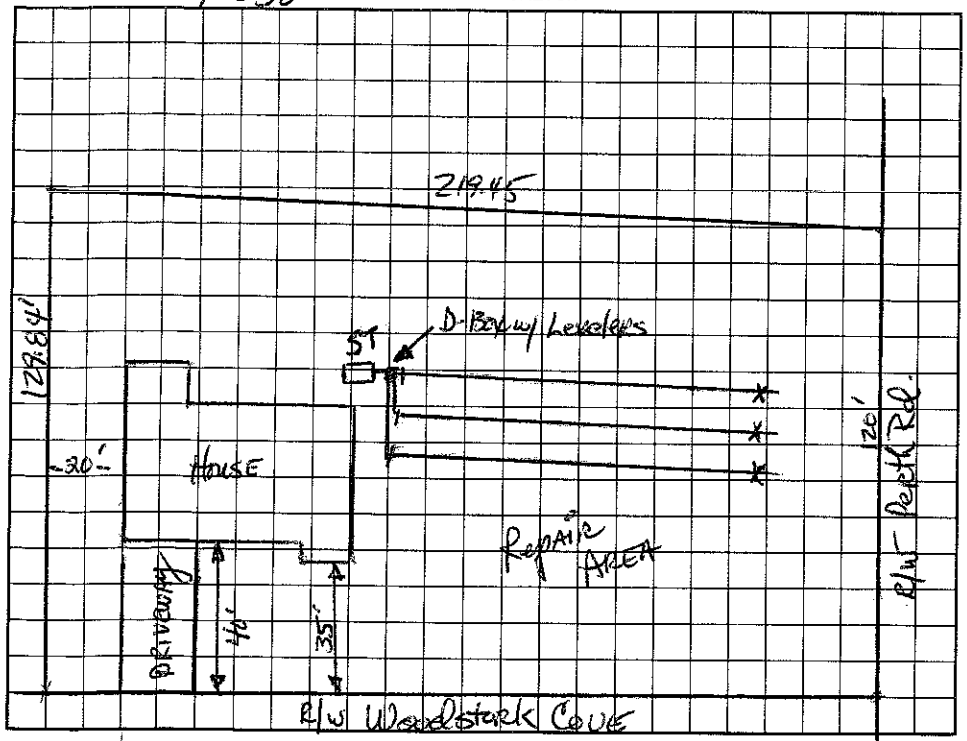
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

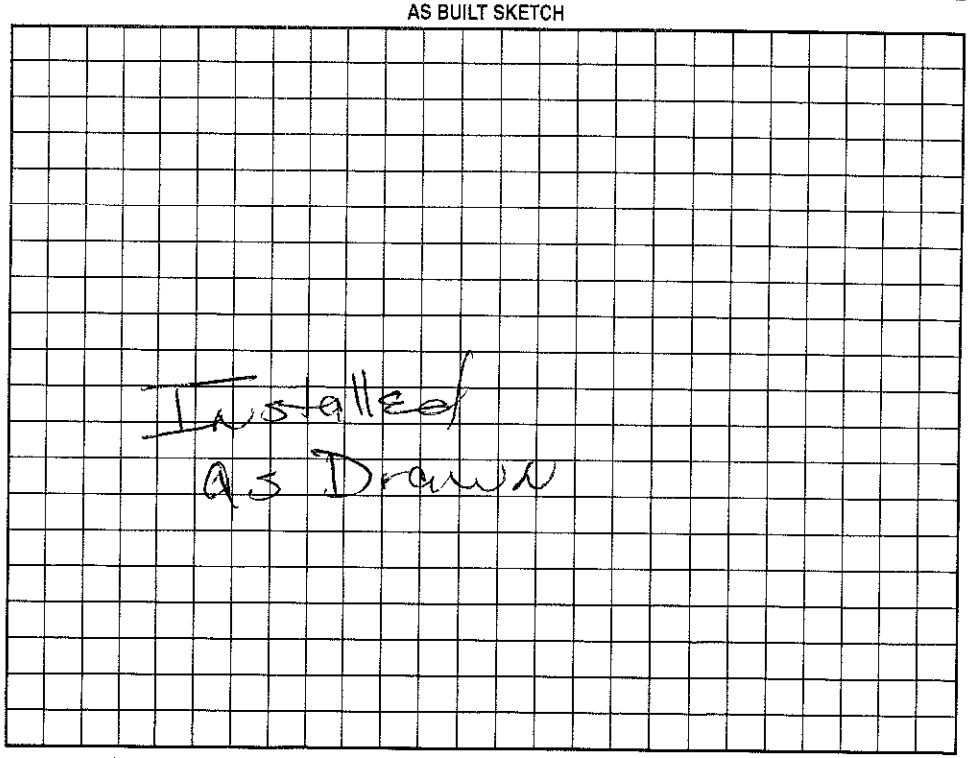
Comments:/Conditions: *ONE INSPECTION PORT PER LATERAL.
This permit replaces permit issued to Stumpy Creek LLC 8-1-97

Comments:/Conditions: Riser & Filter installed
E-Z Lay installed

1"=50' 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: Will Campagna date 4/12/99
Improvement Permit by: David Thomas, RS date 3-26-99
Authorization to Construct by: David Thomas, RS date 3-26-99
Installed by: Reade
Operation Permit by: Lisa Dotson R.S. date 8/23/99
Existing System Inspection by: _____ date _____

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