10:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PAGE 01/01

PERMIT# 25377 PIN# 2514 57 4674 DATE 6/22/98

OWNER OR CONTRACTOR LAKE NORMAN HOMES PHONE: Business 339-7998 Home

ADDRESS PO BOX 143 MATTHEWS 28105

LOCATION PERTH RD - TL SEABREEZE - TR ANCHOR CT AT END

SUBDIVISION HARBOR VIEW BLOCK / SECTION 2ND LOT 27 LOT AREA .538 AC SITE CLASS 15 DESIGN FLOW 440 GPD L.T.A.R. .3600

Septic Tank: 1000 Gallons; STB 799 Date 3/13/98
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Rails 1 Square Feet 400 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CHAMBERS
Repair System Description: DEMO PARTS

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

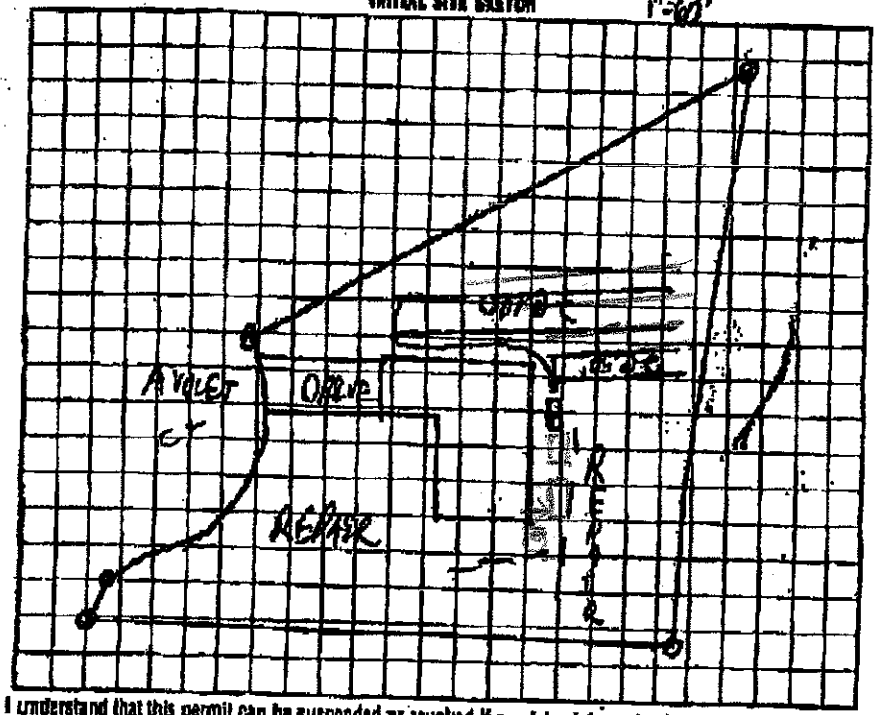
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water: ☐ Individual ☐ Public

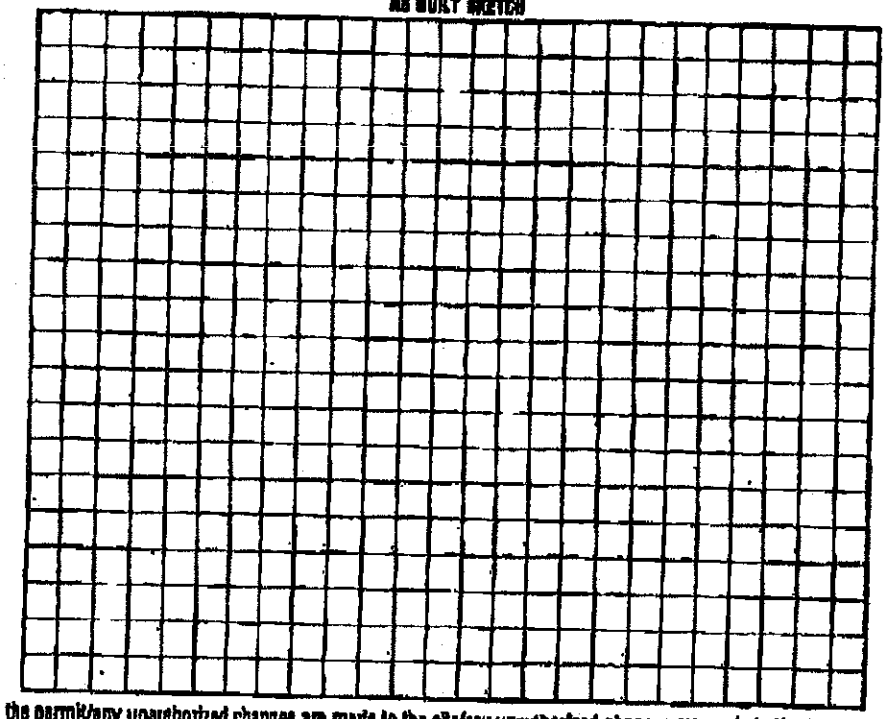
Comments/Conditions:

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INITIAL SITE SKETCH 1"=10'



AS BUILT SKETCH



I understand that this 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: date

Improvement Permit by: C. [illegible] ES date 6/22/98

Authorization to Construct by: C. [illegible] ES date 6/24/98

Installed by: LARRY [illegible]

Operation Permit by: C. [illegible] date 10/22/98

Existing System Inspection by: date

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