3:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 066827 PIN# ~~4638 77 1446~~ 4638-86-3942 DATE March 26, '99

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

ADDRESS 4091 Weddington Ter. Concord, N.C. 28027

LOCATION Perth RD. N. TL W. Kimbrell Ct. immediately on left

SUBDIVISION Harborview BLOCK / SECTION 4 LOT 5 LOT AREA .62ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 312 Date 5/30/99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 5@60' Trench Width 36" Max Trench Bottom Depth ~30" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: GRAVITY INNOVATIVE 25% Reduction
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

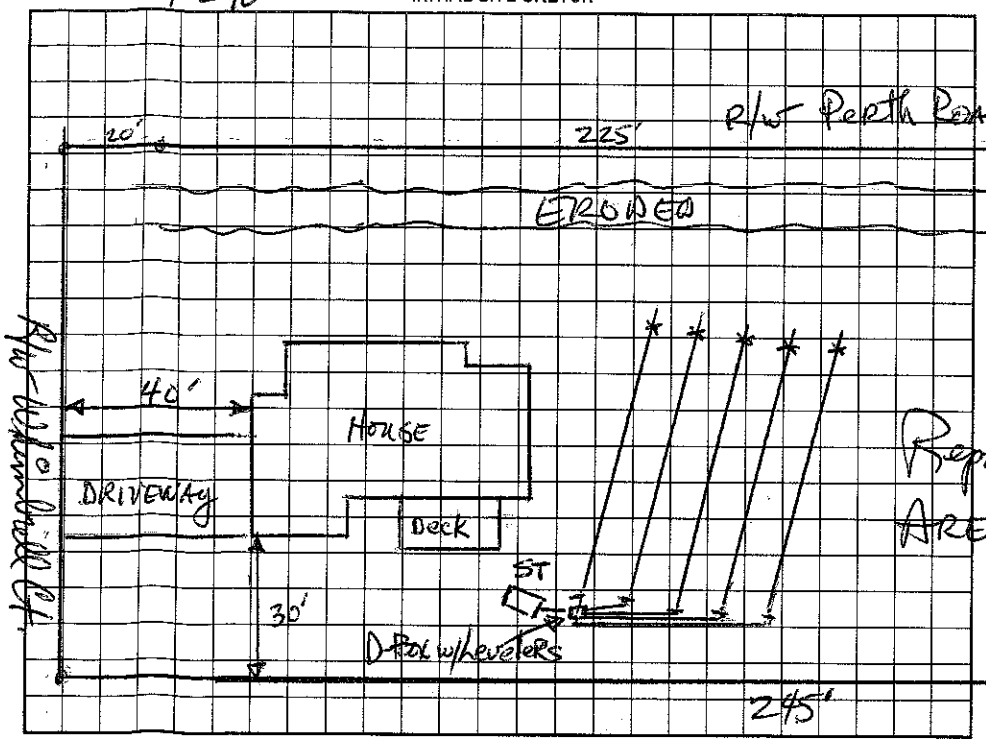
~~☑ House/Mod. Home~~ No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ ~~Public~~
☑ Community

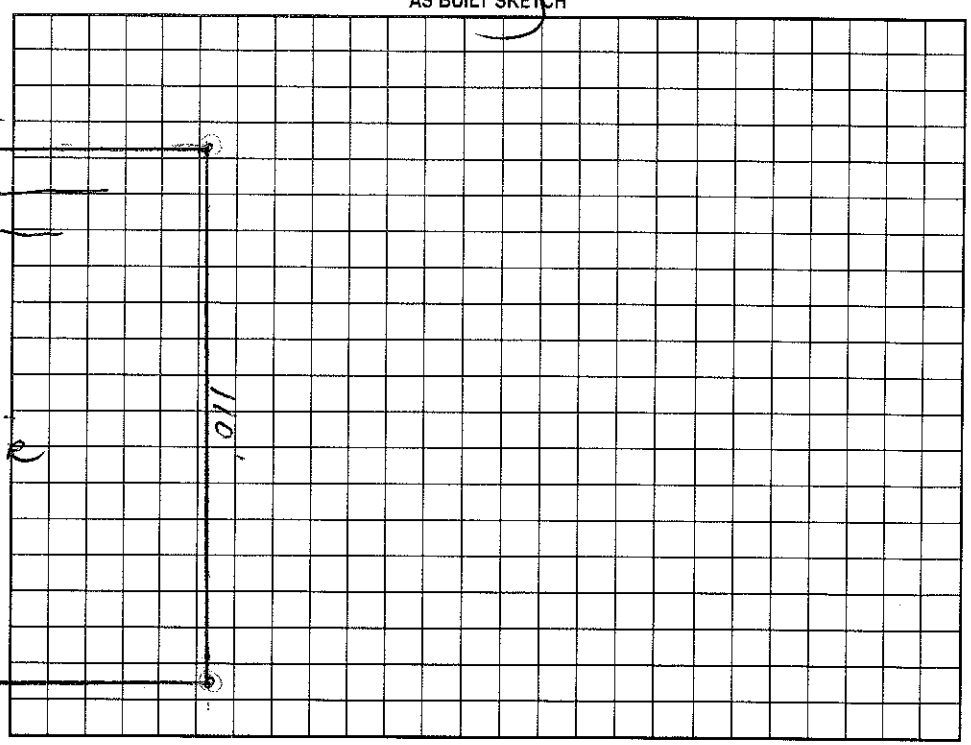
Comments:/Conditions: * ONE inspection report per lateral.
This permit replaces permit issued to Stumpy Creek LLC 7-29-97

Comments:/Conditions: Installed as shown E-Z Lay

1"=40' 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: Neil Campagna

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: Myra Dolan, RS date 8/23/99

Existing System Inspection by: Myra Dolan date _____

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