4638-87-7455 2:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072614 Stumpy Creek PIN# ~~4639-73-4550 (Lot)~~ DATE Sept. 28, '99

OWNER OR CONTRACTOR Lakemont Homes // Mike Harper PHONE: Business 339-7998 Home

ADDRESS P.O. Box 1463, Matthews N.C. 28105

LOCATION Faith Rd. N. TR into Harbor Landing Bear Left on Right

SUBDIVISION Harbor Landing BLOCK / SECTION III LOT 53 LOT AREA 35,260 ft² SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 4-12-99

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: GRAVITY CONVENTIONAL

Repair System Description: ~~SAME~~

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

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

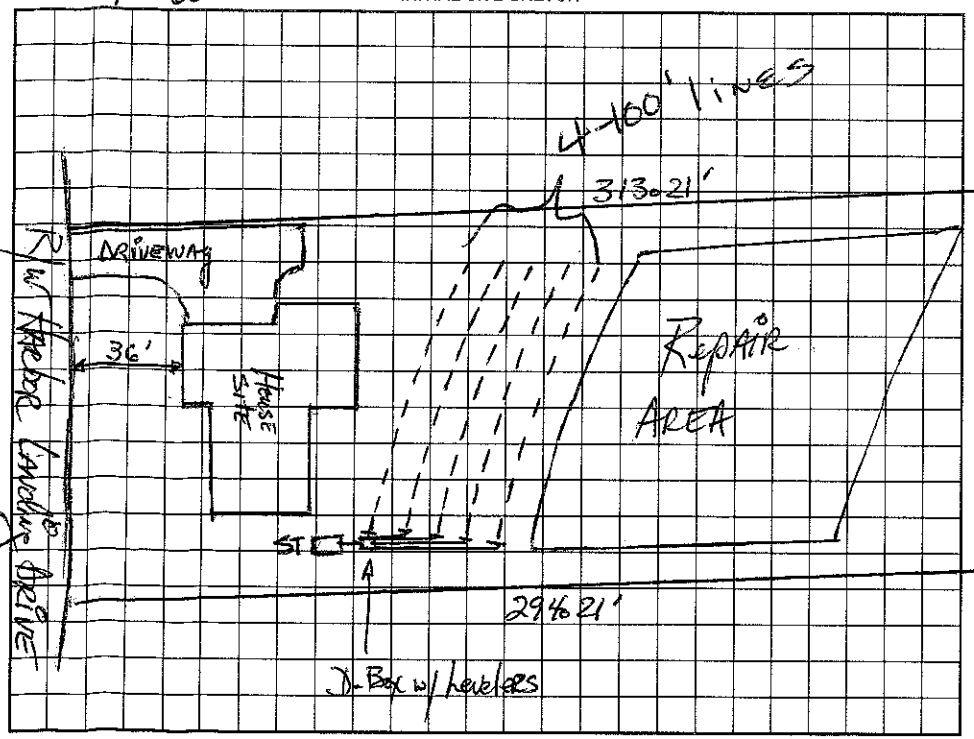
Water Supply: ☐ Individual ~~☐ Public~~ ☐ Community

Comments/Conditions: Remove any old berms / terraces. Riser & filter installed.

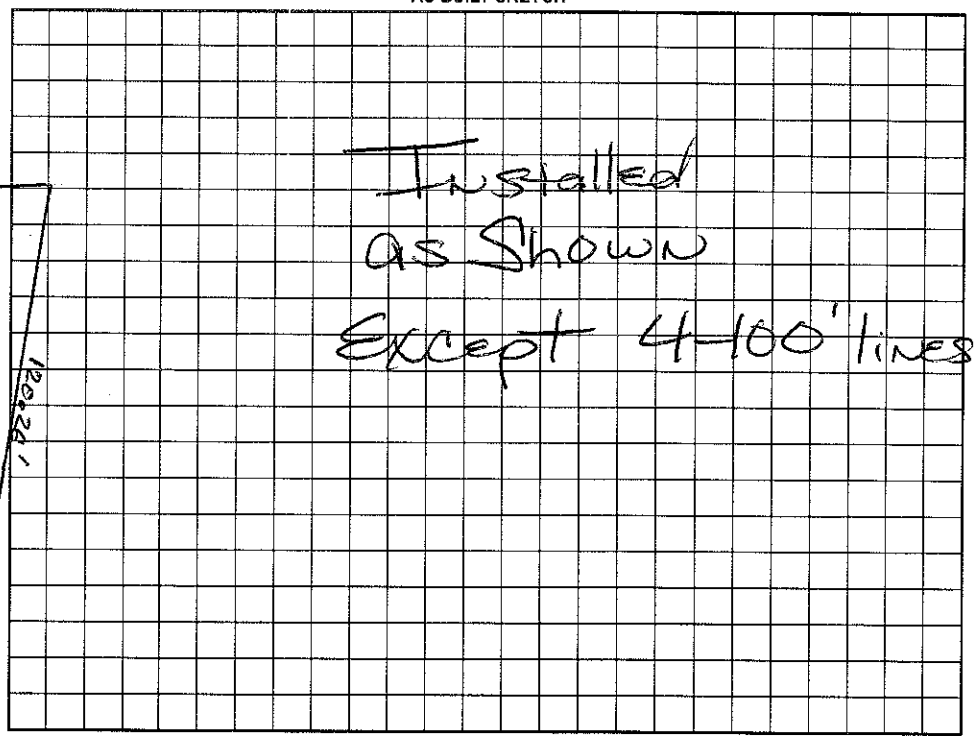
Comments/Conditions:

1"=60'

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: ____ date 10/4/99

Improvement Permit by: David Bethune RS date 9-28-99

Authorization to Construct by: David Bethune, RS date 9-28-99

Installed by: Larry Beam Grading

Operation Permit by: Michael H. Dobson RS date 10/8/99

Existing System Inspection by: ____ date ____

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