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# 072719 PIN# 4639734330 4638 88 4953 DATE October 25, 99

OWNER OR CONTRACTOR Mark Harper PHONE: Business 528-476-3766 Home

ADDRESS P.O. Box 3421 Statesville Ford 28673

LOCATION Perth Rd. N. TR Harbor Landing Dr Bear left on left

SUBDIVISION Harbor Landing BLOCK / SECTION 4 LOT 70 LOT AREA 28,468 Ft² SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 318 Date 4/4/00
Pump Tank: 1000 Gallons; P.T 283 Date 4/5/00
Pump Make: ZOELLER Model N137-002 Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth ~30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: PM - CONVENTIONAL
Repair System Description: PM/LP INNOVATIVE-256
Maintenance Agreement Required: ☐ Yes ☑ No Redo

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

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

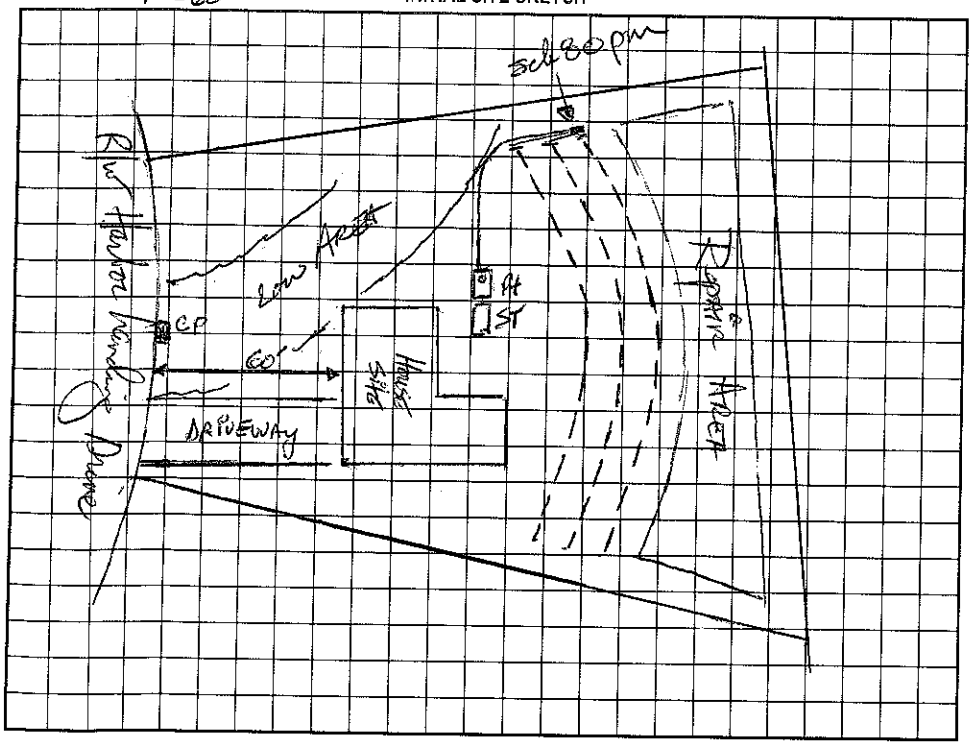
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: Remove any old berms/terraces. OK to install in 4 trenches if necessary. DRH

Comments:/Conditions: (TANKS, LINES, PRESSURE)

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: Mark Harper date 12/10/99

Improvement Permit by: [signature], RS date 10-25-99

Authorization to Construct by: [signature], RS date 10-25-99

Installed by: LARRY BEAM

Operation Permit by: [signature] AST date 7/20/00

Existing System Inspection by: date

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