IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072771 PIN# ~~4639736124~~ 4638-88-7279 DATE August 19, '99

OWNER OR CONTRACTOR Lakemont Homes // Mike Harper PHONE: Business _____ Home _____

ADDRESS P.O. Box #463 Matthews 28104

LOCATION Perth Rd. N. TR into Harbor Landing Bear left at end on left

SUBDIVISION Harbor Landing BLOCK / SECTION 4 LOT 76/77 LOT AREA ~55,000 ft² SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. e.3

Septic Tank: 1000 Gallons; STB 312 Date 9/19/99
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 N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Innovative
Repair System Description: Grav/pumped Innovative
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

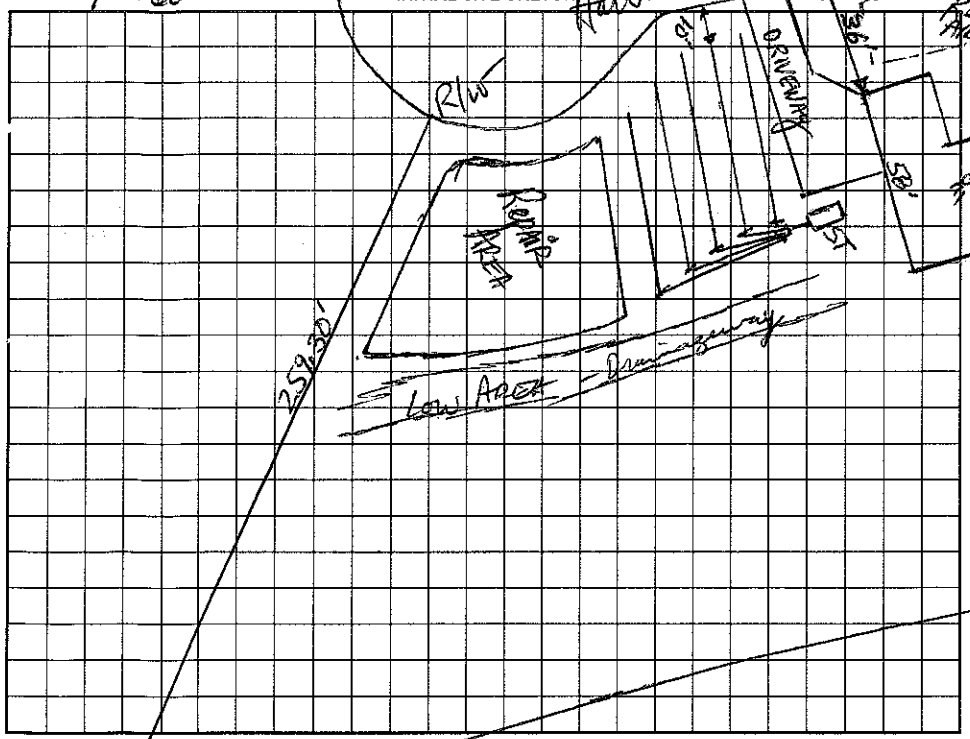
Water Supply:
☐ Individual
☑ Public
☑ Community

Comments:/Conditions:

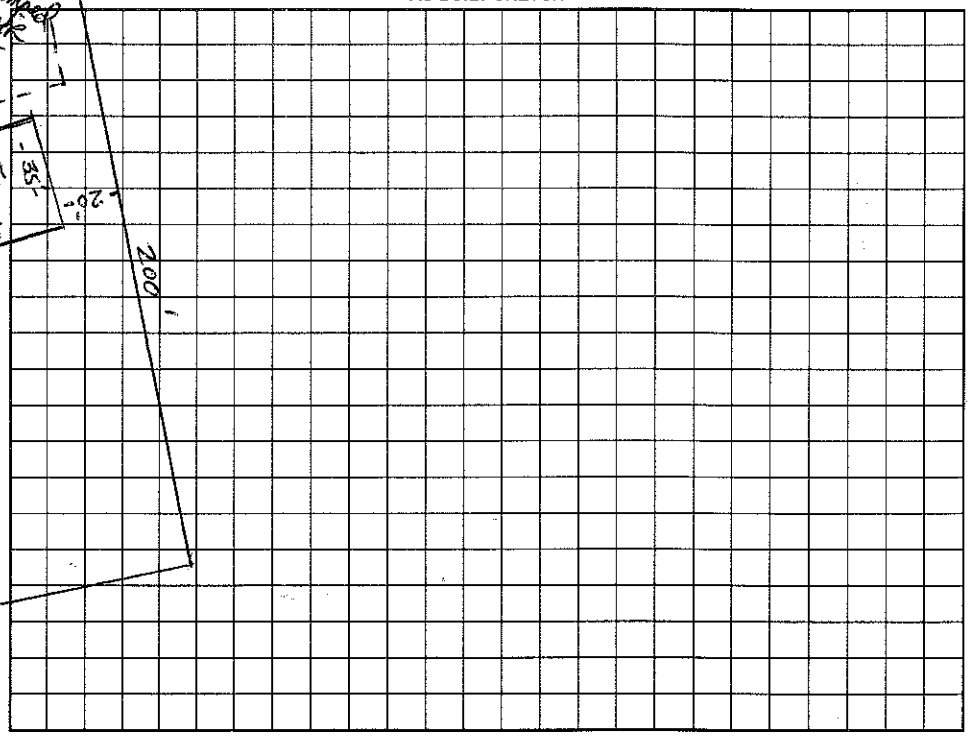
Comments:/Conditions:

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 _____ Installed by: Larry Beam

Improvement Permit by: _____ date 8-19-99 Operation Permit by: Wesley Sparks RS. date 11/23/99

Authorization to Construct by: _____ date 8-19-99 Existing System Inspection by: _____ date _____

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