IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 25795 DATE 4-12-97 TAX MAP NO. 4711328600 (PT) Watershed [ ] Yes [X] No

OWNER OR CONTRACTOR LAKE NORMAN PROPERTIES, INC PHONE: Business 845-5877 Home

ADDRESS P.O. BOX 1979, MATTHEWS, NC 28106

LOCATION BUFFALO SHOALS RD, TR LAUREL COVE RD, TR HARBOR POINTE DRIVE, 2ND LOT ON LEFT BEFORE CUL-DE-SAC

SUBDIVISION HARBOR POINTE BLOCK / SECTION I LOT 23 LOT AREA 1.206 ACRES SITE CLASS RS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 12-7-98
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 60 TO 1200 Linear Feet 300+
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: CHAMBERED GRAVITY
Repair System Description: CHAMBERED GRAVITY
Maintenance Agreement Required: [ ] Yes [X] No
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

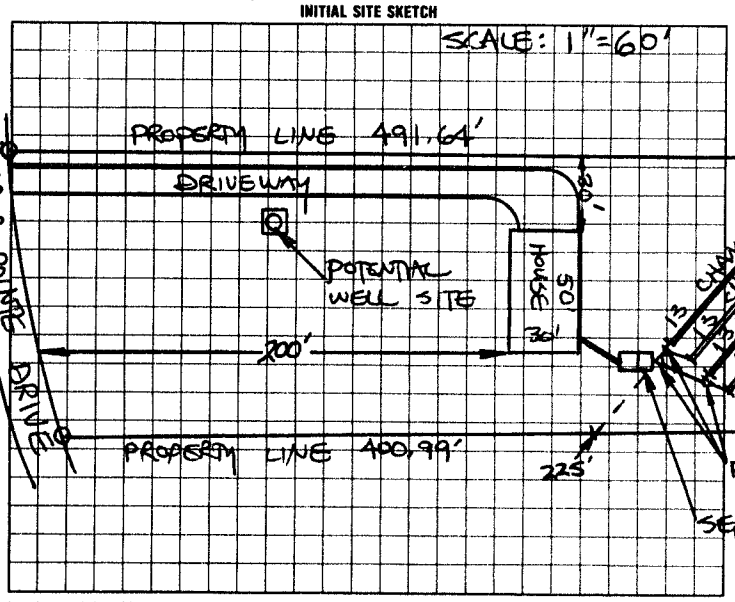
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____

Water Supply:
[X] Individual
[ ] Community
[ ] Public
WELL

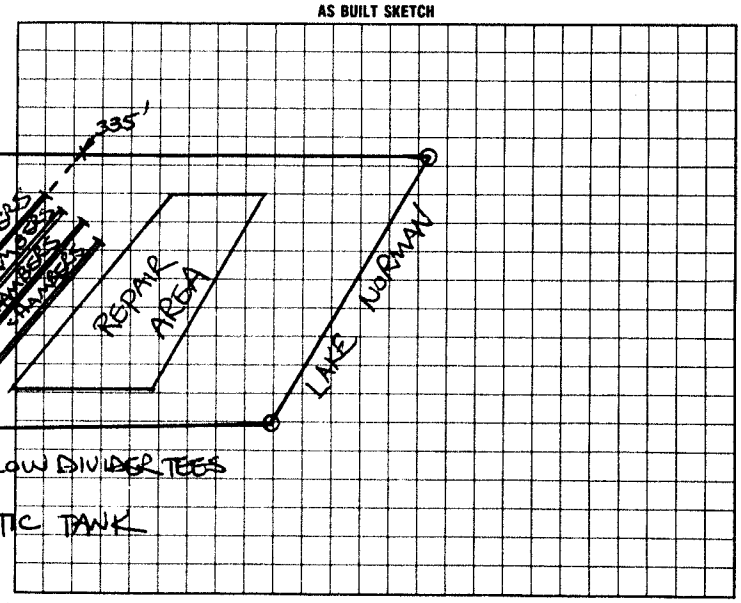
Comments: ① INSTALL 52 CHAMBERS IN FOUR EQUAL LENGTH LINES ON CONTOUR AS SHOWN ② USE THREE FLOW DIVIDER TEES FOR EQUAL DISTRIBUTION ③ KEEP SYSTEM MINIMUM 100' FROM WELL.

Comments:

INITIAL SITE SKETCH



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 is valid for 60 months from date of issuance. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: [signature]

Improvement Permit by: STEVE HEDRICK date 4-12-97

~~Existing System Inspection~~ AMEND. TO CONST. by: STEVE HEDRICK date 4-12-97

Installed by: Curt Dunning

~~Certificate of Completion by:~~ ____ date ____

Operation Permit by: [signature] RS date 2-17-99

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