Site Address: 207 High Lake Dr - Stat

IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 4-15-97

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

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

PERMIT# 088793 PIN# 4710 39 1406

OWNER OR CONTRACTOR TERRY LEVAN PHONE: Business DATE

ADDRESS 566 LAUREL COVE RD, ~~TR HARBOR GATE~~, STATESVILLE, NC 28677 Home (704) 528-9353

LOCATION LAUREL COVE ROAD, TR HARBOR GATE, TL HARBOR WATCH, TL HIGH LAKE, LOT AT END ON LEFT

SUBDIVISION HARBOR WATCH BLOCK / SECTION I LOT 14 LOT AREA 0.794 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 825 Date 6-21-00

Pump Tank: 1000 Gallons; PT 302 Date 11-11-00

Pump Make: HYDROMATIC Model WE40MI Serial No.

Nitrification Field: No Fields 1 Square Feet EQ TO 1440 Linear Feet 240

No Lines SIX Trench Width 24" Max Trench Bottom Depth 36" ~~Gravel~~ Depth SAND 6"

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

System Description: LOW PRESSURE PPBPS

Repair System Description: LOW PRESSURE PIPE

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

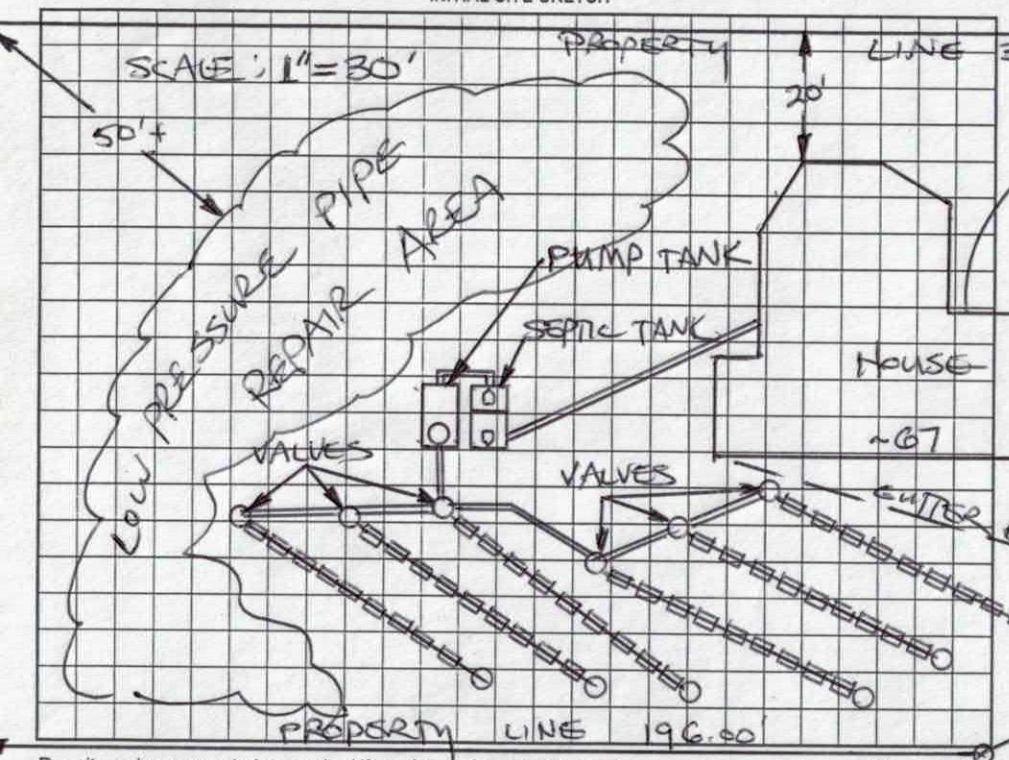
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

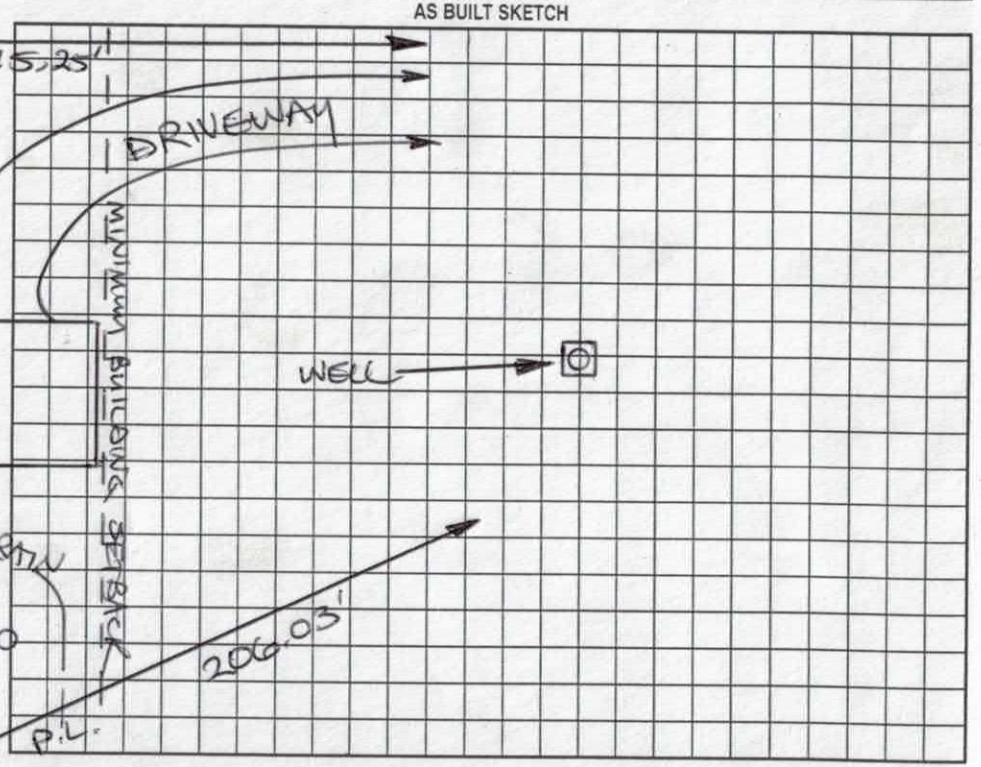
Comments/Conditions: ① INSTALL 54 PPBPS PANELS USING LOW-PRESSURE DISTRIBUTION AS SHOWN ② A CONTRACT SHALL BE EXECUTED BETWEEN SYSTEM OWNER & A MANAGEMENT ENTITY PRIOR TO ISSUANCE OF OPERATION PERMIT

Comments:/Conditions: SYSTEM INSTALLED ACCORDING TO INITAL SITE SKETCH

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: Michael Stone date 9-14-01 Installed by: C & W GRADING / JODY TRAVIS

Improvement Permit by: STEVE HEDRICK date 9-14-01 Operation Permit by: STEVE HEDRICK date 9-14-01

Authorization to Construct by: STEVE HEDRICK date 9-14-01 Existing System Inspection by: date

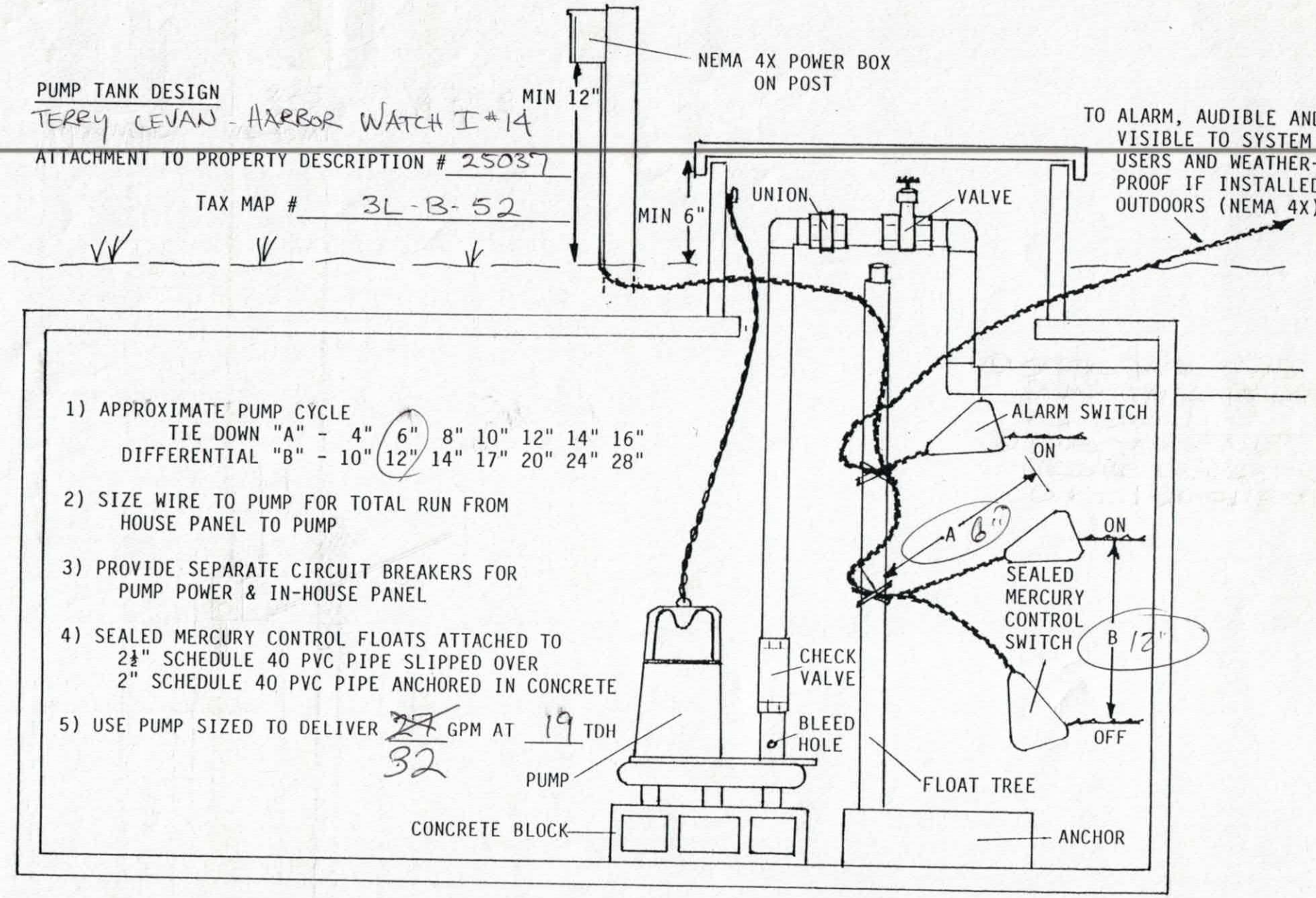
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

PUMP TANK DESIGN

TERRY LEVAN - HARBOR WATCH I #14

ATTACHMENT TO PROPERTY DESCRIPTION # 25037

TAX MAP # 3L-B-52



1) APPROXIMATE PUMP CYCLE

TIE DOWN "A" -	4"	(6")	8"	10"	12"	14"	16"
DIFFERENTIAL "B" -	10"	(12")	14"	17"	20"	24"	28"

2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER ~~27~~ 32 GPM AT 19 TDH

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION: 876-6837

Terry Levan	528-9353	566 Laurel Cove RD	statesville	N.C.	28677
Applicant	Phone #	Mailing Address	City	State	Zip Code

Terry Levan	566 Laurel Cove RD	statesville	N.C.	28677
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Harbor Watch	14		High Lake
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

Private well		
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property Buffalo shoals Road to Laurel Cove RD Take left on Laurel Cove turn Right into Harbor watch, then turn Left once inside gates, Take Left on High Lake RD, Lot on left side of culdesac. lot 14.

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 3

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing X

Crawl Space _____ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

11-29-99 DATE Terry Levan SIGNATURE OF OWNER/AUTHORIZED AGENT