This drawing replaces the Permit issued 1-23-04

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (O) MOORESVILLE 704-664-5281

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

PERMIT# 124313 PIN# 4710-39-2491 DATE 3-20-06

OWNER OR APPLICANT Keith Sherrill PHONE: Business 704 634 0547 Home 704 528 9266

ADDRESS 199 High Lake

LOCATION Buffalo Shoals, left on Laurel Cove, right on Harbor Point, (L) on High Lake on left on end

SUBDIVISION Harbor Watch BLOCK / SECTION 1 LOT 12 LOT AREA .776 SITE CLASS P5 DESIGN FLOW 480 L.T.A.R. .3 (Rule of previous permit)

Septic Tank: 1000 Gallons; STB Mariner Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 270'

No Lines 4 Trench Width 24" Max Trench Bottom Depth 33" Gravel Depth 24" Gravity

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Gravity 50% Reduction PPBPS

Repair System Description: LP 50% Reduction PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

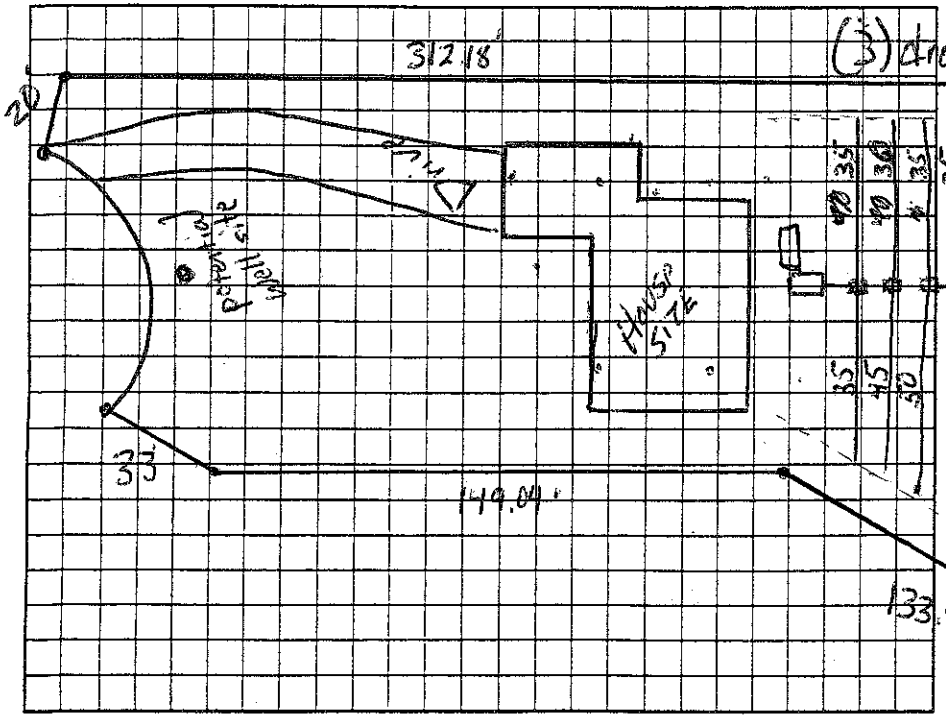
☐ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

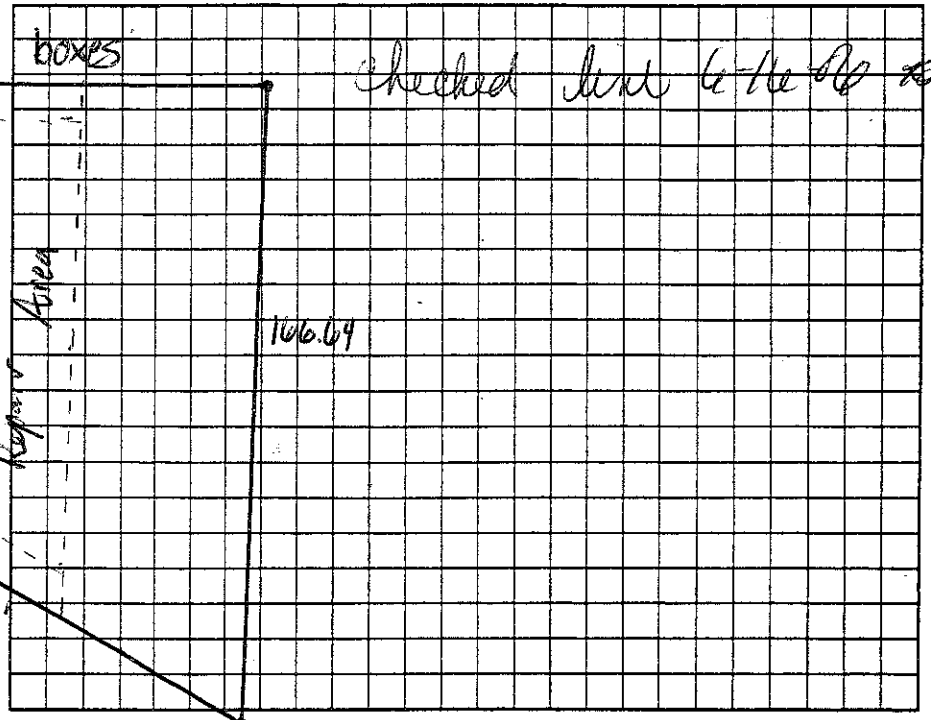
Comments:/Conditions:

System left Open - Owners taken drinks Installation 6-09 - 6-13

INITIAL SITE SKETCH



AS BUILT SHEET



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 5.12.06 Installed by:

Improvement Permit by: date 3-20-06 Operation Permit by: date 10-24-06

Authorization to Construct by: date 3-30-06 Existing System Inspection by: date

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