THIS PERMIT REPLACES EXPIRED PERMIT # 025033

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 128359 PIN# 4710-39-5328 DATE 6-3-05

OWNER OR CONTRACTOR PRESTIGE BUILDING COMPANY PHONE: Business Home 704-528-3999

ADDRESS P.O. Box 749 TROUTMAN NC 28166

LOCATION BUFFALO SHOALS RD TO LAUREL COVE RD, TR HARBOR GATE, TL HARBOR WATCH TL HIGH LAKE, Lot # 10 on LEFT

SUBDIVISION HARBOR WATCH BLOCK / SECTION II LOT 10 LOT AREA 0.671 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT

Septic Tank: 1000 Gallons; STB [illegible] Date 10-3-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ.M/200 Linear Feet 210

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: 50% REDUCTION, GRAVITY

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Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments:/Conditions: INSTALL 50% REDUCTION SYSTEM AS SHOWN ON CONTOUR. KEEP SYSTEM MINIMUM 100 FEET FROM WELL, 50' FROM HIGH WATER MARK (760' CONTOUR) of LAKE

Comments:/Conditions: POLYLOK FILTER MATRIX?

INITIAL SITE SKETCH

SEE ATTACHED "FASTTRACK" PLAN SUBMITTED BY "ROLLANS SOIL & ENVIRONMENTAL SERVICES"

AS BUILT SKETCH

INSTALLED AS DRAWN

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: CURT PUNNING

Improvement Permit by: STEVE HEDRICK date 6-3-05 Operation Permit by: [signature] date 6-22-06

Authorization to Construct by: [signature] date 6-6-05 Existing System Inspection by: _____ date _____

STEVE HEDRICK 6-6-05

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