James Wilson

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. 25031 78758 DATE 4-9-97 TAX MAP NO. 3L-B-52 (A) Watershed: ☐ Yes ☐ L.O

OWNER OR CONTRACTOR LAKE NORMAN PROPERTIES, INC PHONE: Business 847-6006 Home

ADDRESS P.O. BOX 1627, MATTHEWS NC 28106

LOCATION BUFFALO SHOALS RD TL LAUREL COVE RD, TR HARBOR POINTE DR TL HIGH LAKE DR, 8TH LAKE FRONT on (L)

SUBDIVISION HARBOR POINTE BLOCK / SECTION 1 LOT 8 LOT AREA 0.708 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.15 GPD/FT²

Septic Tank: 1000 Gallons; STB 1017 Date 5-17-99
Pump Tank: 1000 Gallons; PT 17 Date 3-13-99
Pump Make: Myers Model ME50S11 Serial No. 619
Nitrification Field: No Fields 1 Square Feet 2400 Linear Feet 480 ft
No Lines SIX Trench Width 12" Max Trench Bottom Depth 16" Gravel Depth 6"

☑ New System ☐ Repair System Type: I, II, III, (IV) V, VI
System Description: LOW PRESSURE PIPE
Repair System Description: LPP // PPPS
Maintenance Agreement Required: ☑ Yes ~~☐ No~~

☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

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

Water Supply:
☑ Individual
☐ Community
☐ Public
WELL

Comments: Directions *TR Harbor Gate TR Harbor Watch TL High Lake

Comments:

INITIAL SITE SKETCH

SEE ATTACHED PLAN (LPP)

AS BUILT SKETCH

Installed per attached plans

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:

Improvement Permit by: STEVE HEDRICK date 4-9-97

~~Existing System Inspection~~ MDF TO CONST. by: STEVE HEDRICK date 4-9-97

Installed by: Richard Abernathy

~~Certificate of Completion by:~~ date

Operation Permit by: My COP RS date 8-2-99

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