IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES EXPIRED PERMIT ISSUED 5-9-97

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

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

PERMIT# 103783 PIN# 4710-49-0431 DATE 8-5-02

OWNER OR CONTRACTOR TERENCE LORD PHONE: Business Home 336-659-9854

ADDRESS 1040 STILL POINT DRIVE, WINSTON-SALEM, NC 27103

LOCATION BUFFALO SHOALS RD, TL LAUREL COVE RD, TR HARBORGATE, TL HARBOR WATCH, TL HIGH LAKE, AT CURVE ON LEFT

SUBDIVISION HARBOR WATCH BLOCK / SECTION I LOT 5 LOT AREA 0.76 ACRE SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 6-22-02

Pump Tank: 1000 Gallons; PT 283 Date 6-19-02

Pump Make: LITTLE GIANT Model 14EH-CIM Serial No. 514220 ASA

Nitrification Field: No Fields 1 Square Feet REQ. 1600 Linear Feet 270

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, LOW PRESS

Repair System Description: 30% REDUCTION, LOW PRESS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms ___ No. Employees ___

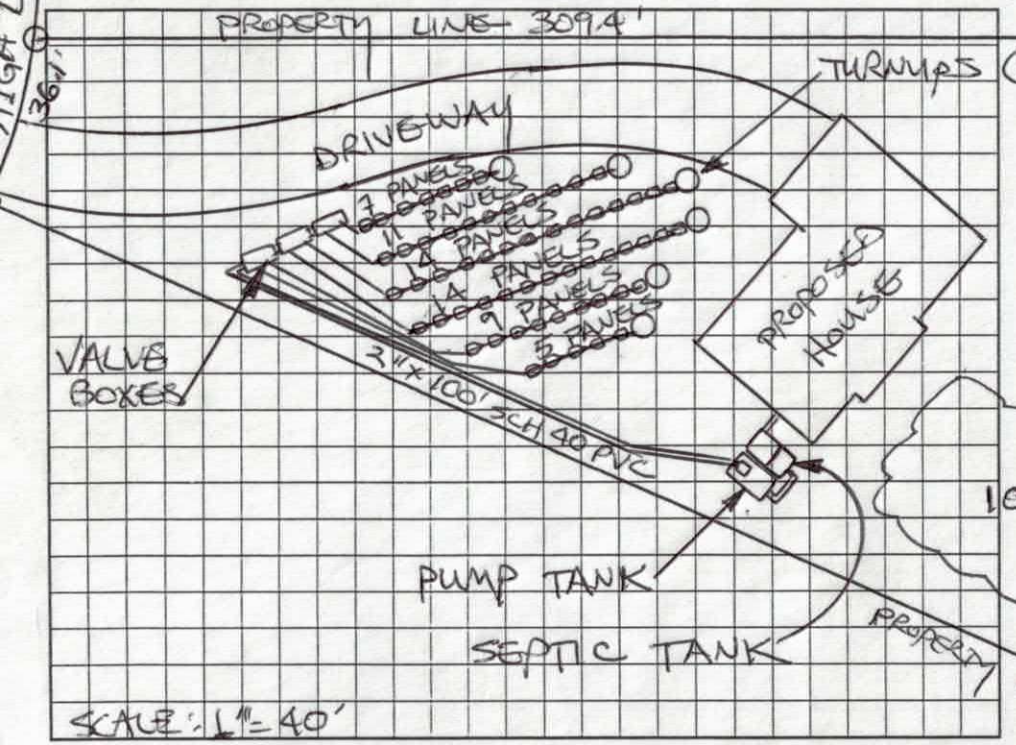
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

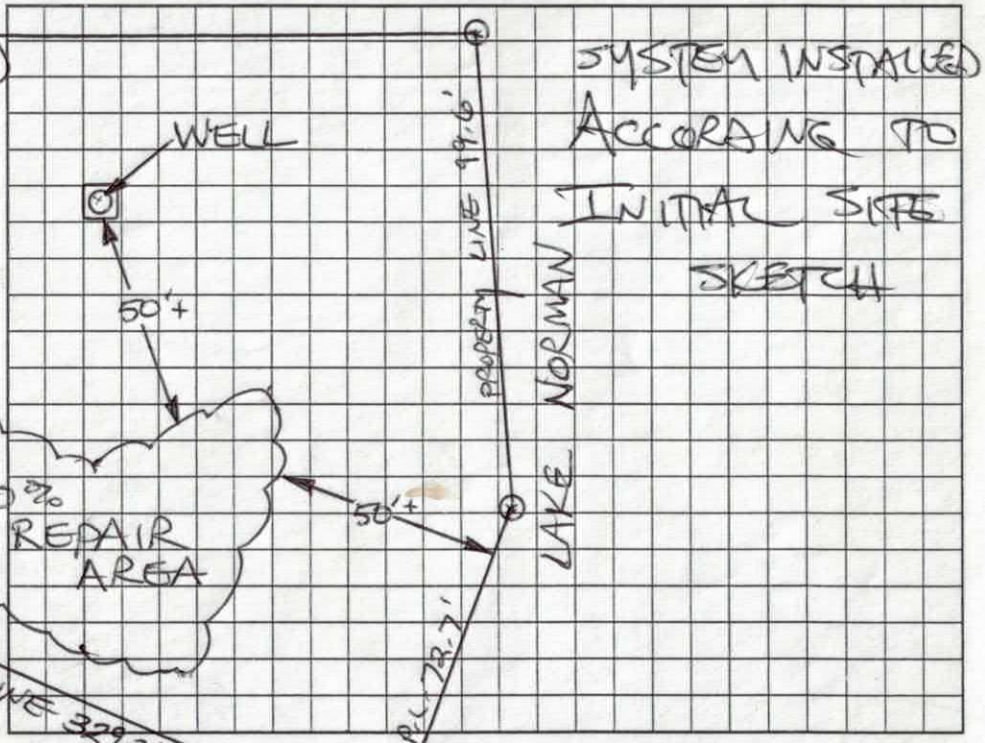
Comments/Conditions: ① INSTALL 50% REDUCTION SYSTEM USING 60 PPBPS PANELS USING LOW PRESSURE DISTRIBUTION ② SEE ATTACHED SHEETS FOR PUMP & PRESSURE DOSE REQUIREMENTS

Comments/Conditions: ③ A CONTRACT SHALL BE EXECUTED BETWEEN THE SYSTEM OWNER & A MANAGEMENT ENTITY PRIOR TO ISSUANCE OF OPERATION PERMIT

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: X Wayne Doyne date 8-5-02 Installed by: STATESVILLE BACKHOE

Improvement Permit by: STEVE HEDRICK date 8-5-02 Operation Permit by: STEVE HEDRICK date 10-24-02

Authorization to Construct by: STEVE HEDRICK date 8-5-02 Existing System Inspection by: ___ date ___

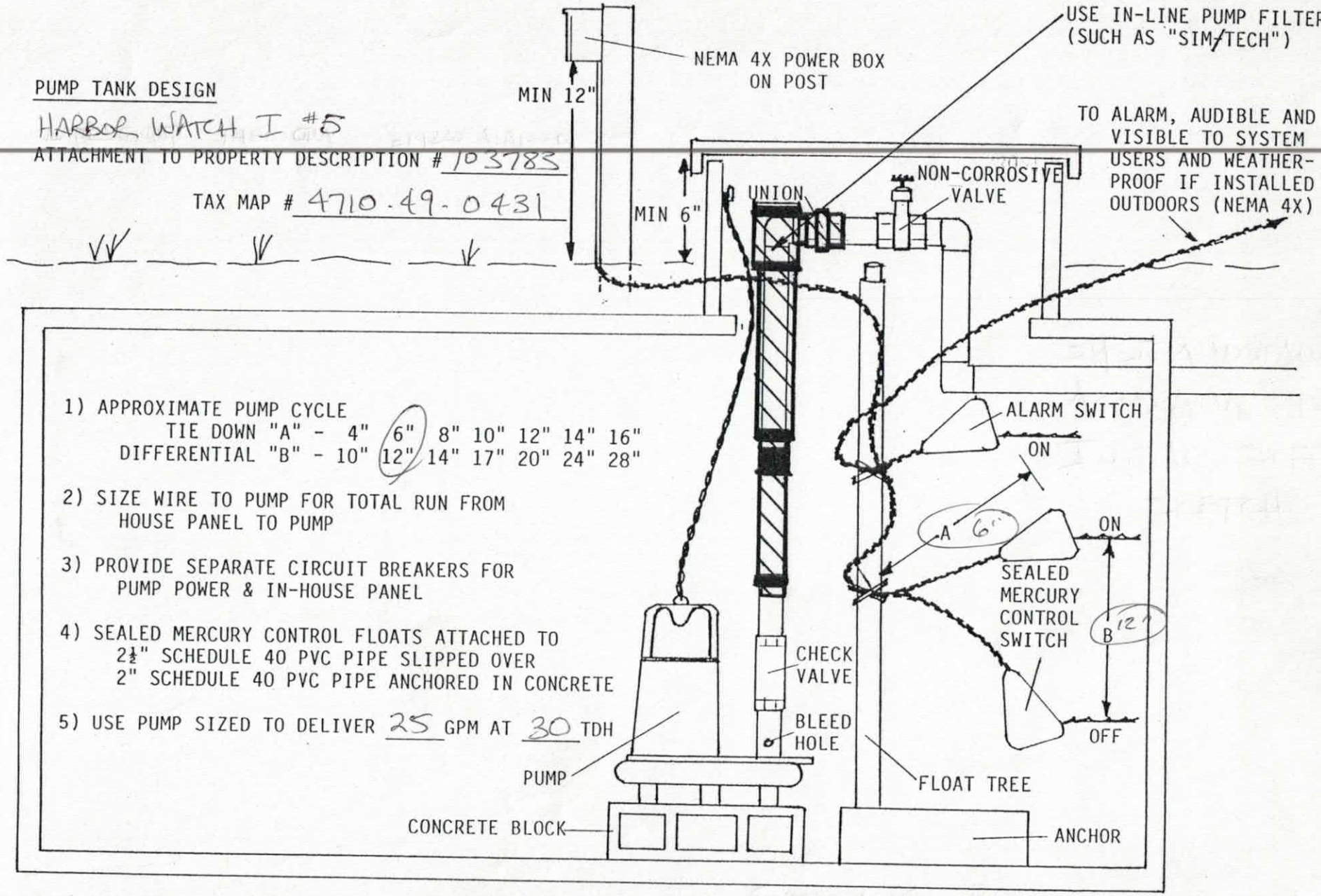
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

PUMP TANK DESIGN

HARBOR WATCH I #5

ATTACHMENT TO PROPERTY DESCRIPTION # 103783

TAX MAP # 4710.49.0431



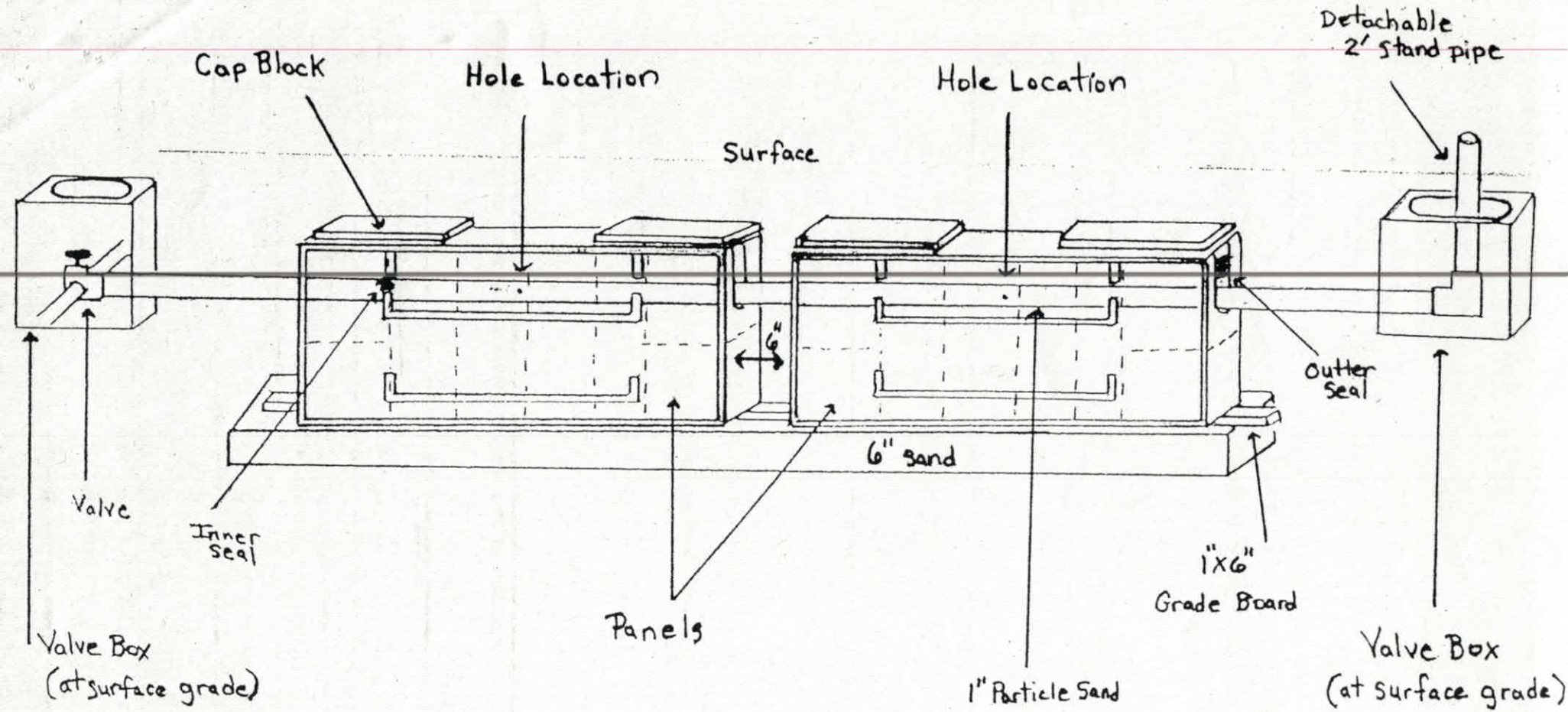
1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" 6" 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - 10" 12" 14" 17" 20" 24" 28"

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 25 GPM AT 30 TDH



HARBOR WATCH I #5
4710-99-0431
Pressure Dosed PPBPS

# of panels 60.
Size holes 5/32". 1 hole per panel.
Approximate amount of sand needed 43 tons
100 lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 25.
TDH 30.

Comments

Note: Each line shall have a globe valve at the start of the line for pressure adjustment. Valves shall be grouped and placed in a valve box with a lid at ground level. Turn ups shall also be capped with threaded fittings and brought to ground level and covered with a plastic cup with cover. Valves and turn ups shall be marked as to the ones that go together.

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: 336-655-8237

TERENCE LORD	336-659-9854	1040 STILL POINT	WINSTON SALEM	NC	27103
Applicant	Phone #	Mailing Address	City	State	Zip Code

SAME AS ABOVE				
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

HARBOR WATCH	5	1	
(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 I40 W TO EXIT 144; LEFT 4 MILES TO BUFFALO SHOALS; RT. 3 MILES TO LAUREL COVE; LEFT 1 MILE TO HARBOR WATCH; LEFT ON HARBOR WATCH DR; LEFT ONTO HIGH LAKE DR; LOT 5 ON LEFT

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths _____

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

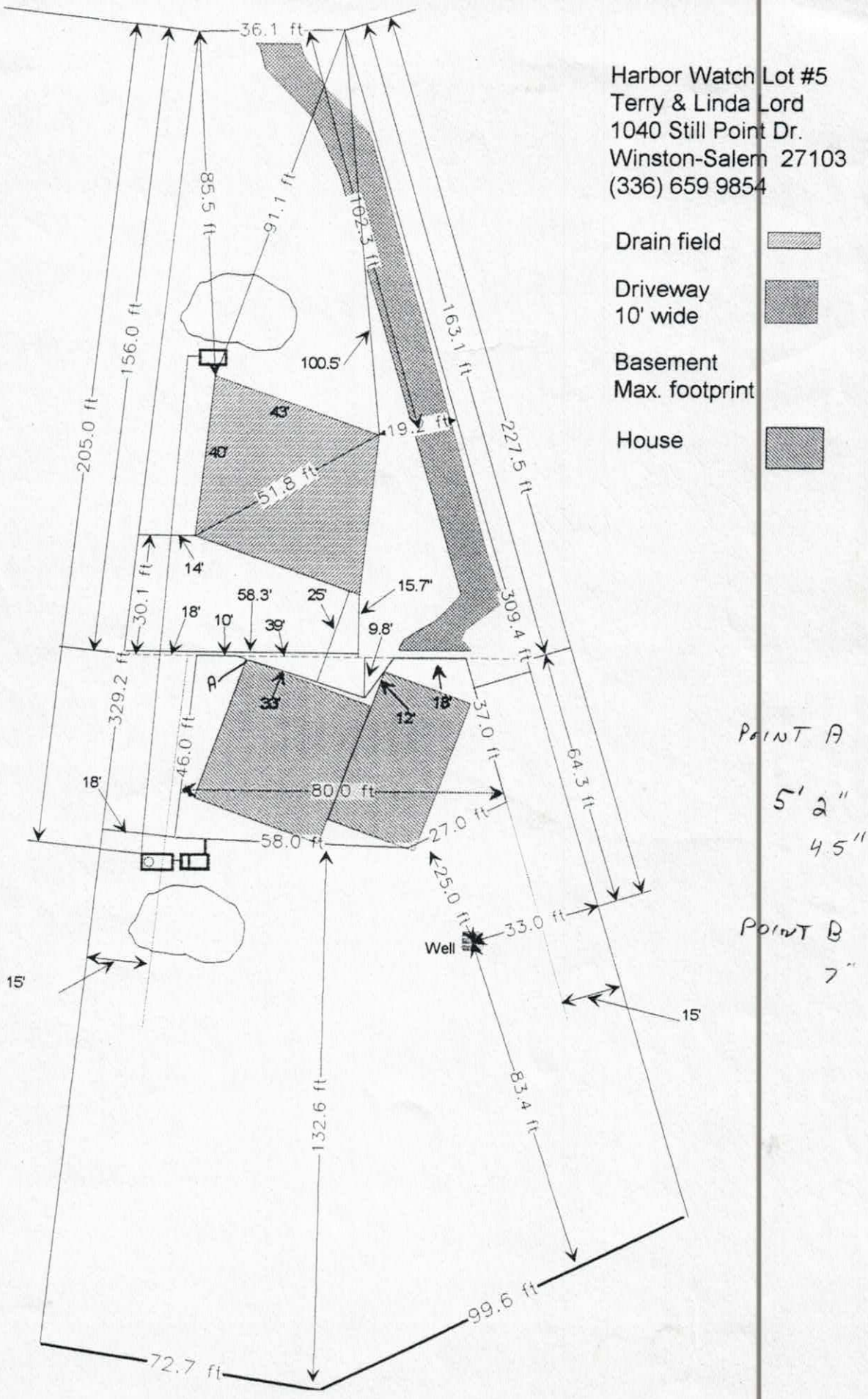
Crawl Space _____ Concrete Slab _____ Garbage Disposal X Jaccuzi or spa _____

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.

8/5/02 DATE Terence Lord SIGNATURE OF OWNER/AUTHORIZED AGENT


Harbor Watch Lot #5
Terry & Linda Lord
1040 Still Point Dr.
Winston-Salem 27103
(336) 659 9854
Drain field
Driveway
10' wide
Basement
Max. footprint
House
36.1 ft
85.5 ft
91.1 ft
102.3 ft
163.1 ft
227.5 ft
156.0 ft
205.0 ft
100.5'
43'
40'
19.2 ft
51.8 ft
14'
30.1 ft
58.3'
25'
15.7"
18'
10'
39'
9.8'
309.4 ft
329.2 ft
A
33'
12'
18'
37.0 ft
46.0 ft
64.3 ft
18'
80.0 ft
27.0 ft
58.0 ft
25.0 ft
33.0 ft
Well
15'
15'
132.6 ft
83.4 ft
99.6 ft
72.7 ft
POINT A
5' 2"
4.5"
POINT B
7"

Iredell County
Planning & Enforcement
227 S. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 103783ZO

Printed: 7/15/2002

Master #: 103783

Associated Permits:

103783ZO	Zoning
103783BU	Building
103783EL	Electrical
103783SA	Saw Service
103783PL	Plumbing
103783ME	Mechanical
103783GA	Gas Piping

Applicant

Name: Terence Lord
Address: 1040 Still Point Drive
Winston Salem, NC 27103
Phone: 336-659-9854

Parcel

Parcel Number: 4710-49-0431
Address: 171 High Lake Dr
Statesville, NC 28677
Subdivision: Harbor View
Zoning: RA
Township: 1500
Area: .76
Lot(s): 5
Directions to Parcel: Buff Shoals,tl Larel Cv,tr Harbor Gate,tl Harbor

Owners

Name: Terence Lord
Address: 1040 Still Point Drive
Winston Salem, NC 27103
Phone: 336-659-9854

Fees and Receipts:

Number	Description	Amount
FEE-42766-02	Environmental Health - Type I or II System	$200.00
	Total Fees:	**$200.00**
REC-27572-02		$200.00