JOHN SHEDDON This voids permit dated 5-26-98. Redrawn.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 5/25/01

PERMIT# 072286 PIN# ~~4714 32612~~ 4711-11-8161

OWNER OR CONTRACTOR Lake Norman Properties PHONE: Business (704) 847-6606 Home

ADDRESS P.O. Box 1627 Mathews, NC 28106

LOCATION Buffalo Shoals Rd, (L) Laurel Cove; (R) Harborgate; (R) Harbor Watch (L) Harbor ridge at End.

SUBDIVISION Harbor Watch BLOCK / SECTION 1 LOT 140 LOT AREA .79 Acres SITE CLASS: P5 DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1,000 Gallons: STB 1007 Date 10-22-01

Pump Tank: 1,000 Gallons: PT 274 Date 11-1-01

Pump Make: Hydromatic Model SII-450-1/2 Serial No. 3-00

Nitrification Field: No Fields 1 Square Feet equivalent to Linear Feet 320

No Lines 5 Trench Width 24" Max Trench Bottom Depth 36" Fill Depth NA

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

System Description: Pump to Pressure dosed Panel Bed

Repair System Description: Pump to Pressure dosed PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

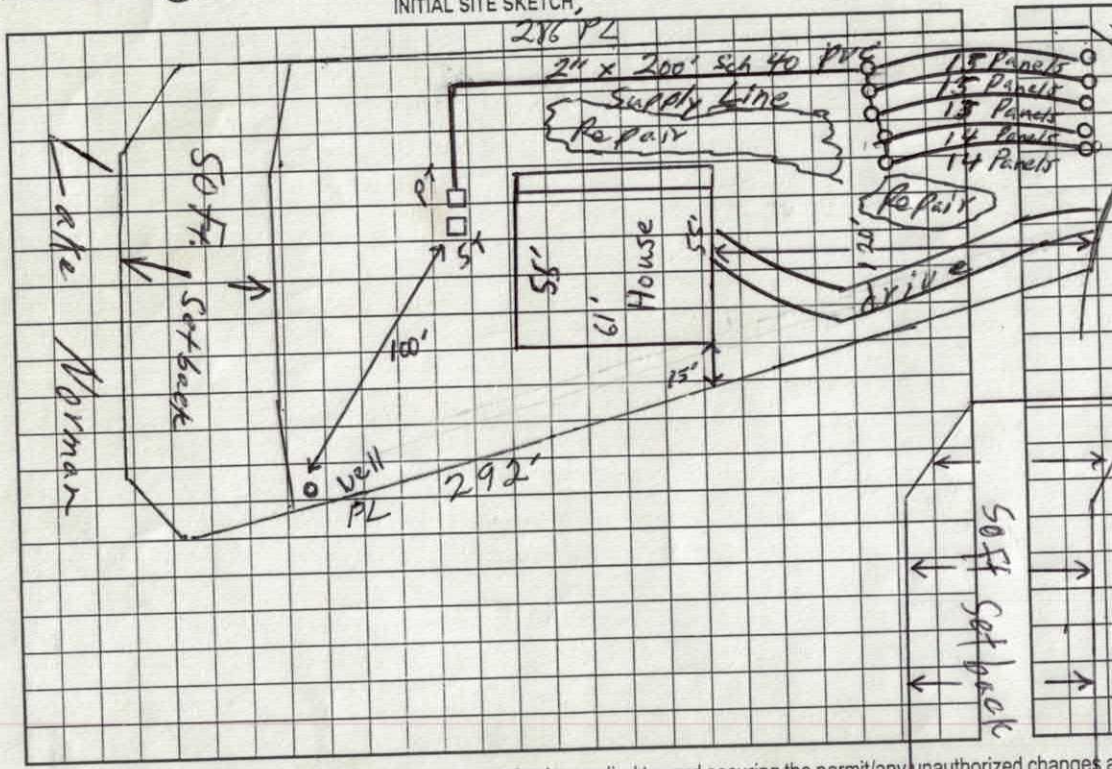
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: (1) Install 50% Reduction System using 73 Low Pressure PPBPS Panels (3@ 15 + 2@ 14). (2) Keep System 15 From House, 10 ft from property line (3) Install on contour (4) See attached sheets for pump & low pressure

Comments/Conditions: requirements (5) A management Contract shall be executed between System owner and a management entity prior to issuance of operation permit.

INITIAL SITE SKETCH,

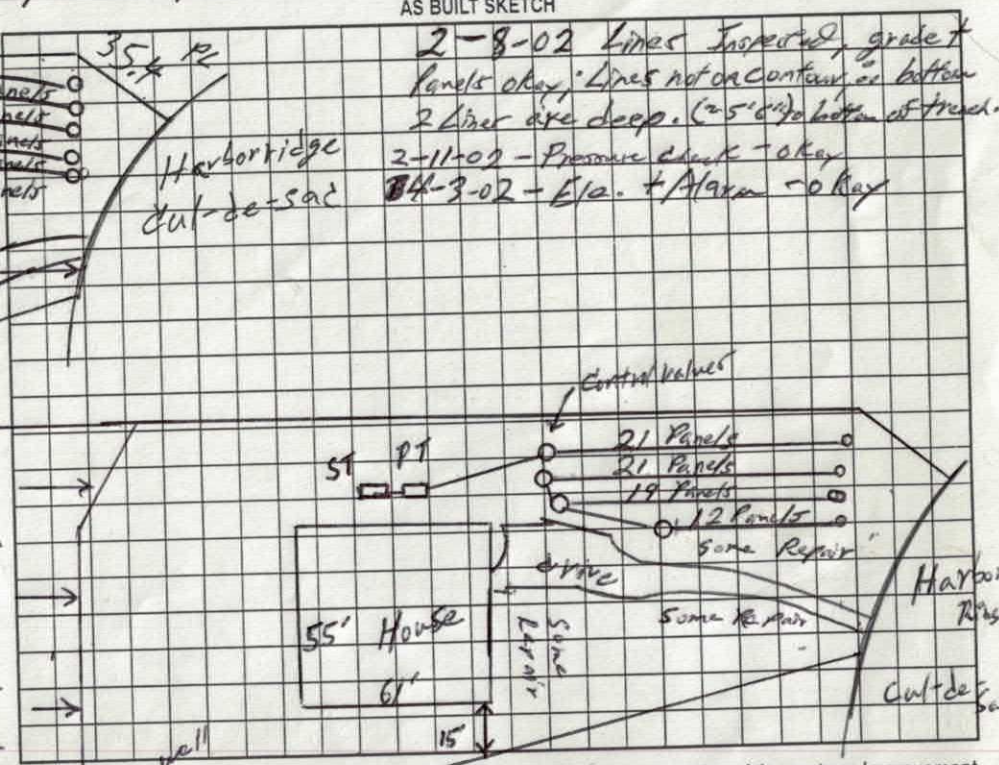


AS BUILT SKETCH

2-8-02 Lines Inspected, grade & Panels okay, Lines not on contour as before 2 Lines are deep. (ca 5'6") to bottom of trench.

2-11-02 - Pressure check - okay

4-3-02 - Ele. & Alarm - okay



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 6-14-01 Installed by: Sammy Shoemaker

Improvement Permit by: William O. Johnson date 6/1/01 Operation Permit by: William O. Johnson date 4/3/02

Authorization to Construct by: William O. Johnson date 6/1/01 Existing System Inspection by: date

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

Work Sheet

Lake Norman Properties

Design Flow → 480 gallons/day
LTAR → .25 gal/day
Sq ft → 1920 sq ft
Linear ft → 640 ft Conventional System
50% Reduction = 320 ft

T4J Panel → 73 panels
41 panels = 180 LF
32 panels = 140 LF
total 73 panels 320 LF

Sand 23 + 30 tons = about 53 tons

1¼ PVC sch. 40 Pipe
2 ft Pressure Head

5/32" Holes in PVC pipe
73 panels × .41 = 29.93 gal/min
200 gal dose ÷ 29.93 gal/min = 6.68 minutes of Pump Running Time

73 panels × 3.6 gallons/panel = 262.8 gallons Available Space in Chamber

73 panels — 16½ tons
60 25 — 18¼
25 — 8¼
53.0

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

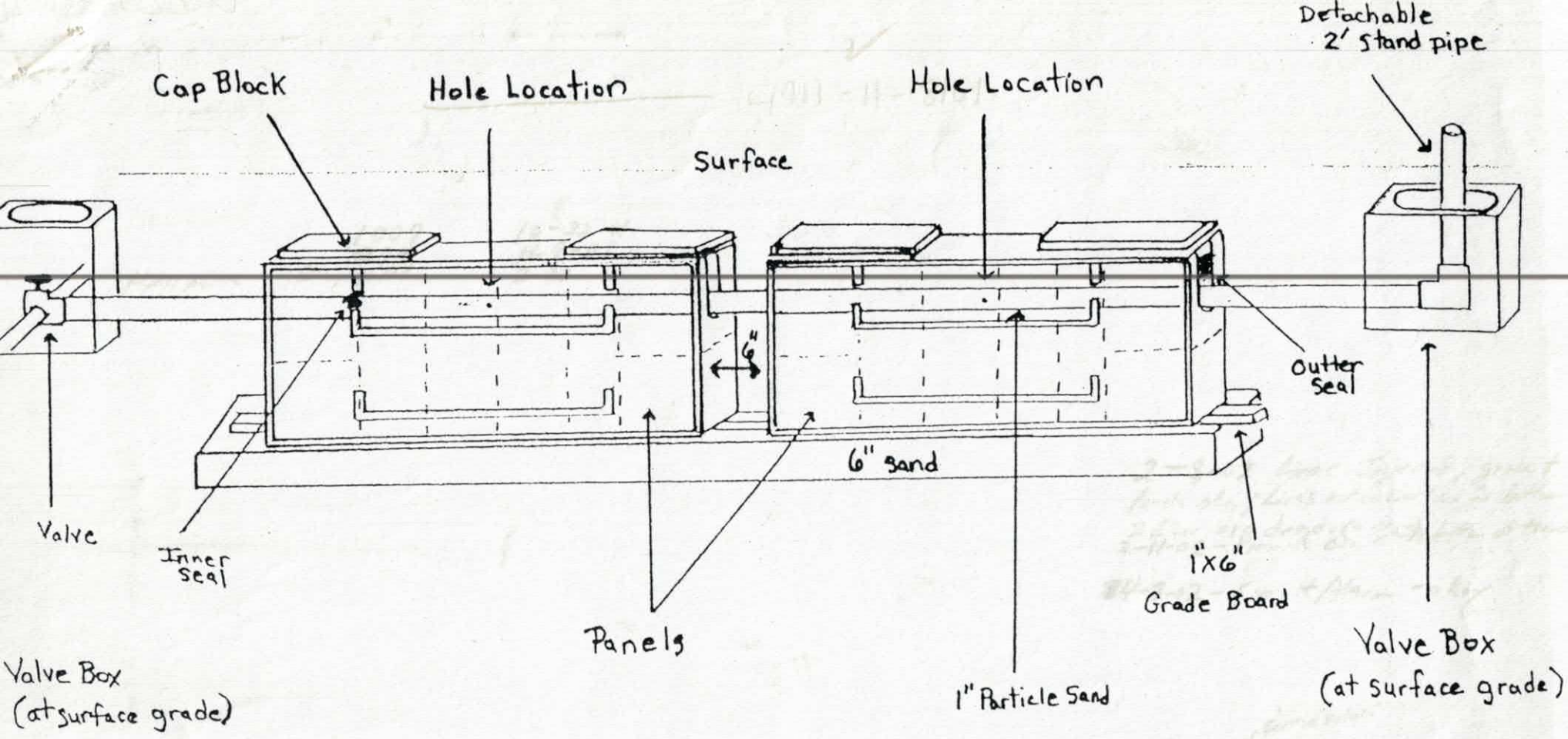
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: LK Norman Prop APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 3/23/98-3/24/98
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Sec. J Lot #140 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-6"	Brw SCL GR	FR					PS .25-.30 45
		6"-45"	Rd/Brw-Yel/Brw CL	SBK S-SS, SP, SE, FI-FR					
		Wt	Rock Fragments & SAP	incl's					
		45"	SAP/CL/Weathered Rock	Mix		w/ Common Mica Flakes			
2		0-47"	Rd/Brw C/CL	mSBK S-SS, SP, SE, FI-FR					PS .25-.3
		47-48	Yel/Brw SAP/Weathered Rock			w/ Common Mica Flakes			
3	Pit 15-20%	0-35"	Rd/Brw C/CL	mSBK/S-SS, SP, SE, FI-FR					PS .25-.3
		35"-45"	Rd/Brw CL	wSBK SS, SP, SE, FR w/ SAP		Common Mica Flakes incl's			
		45"	Yel/Brw SL-CL SAP						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____



Permit # 072286
Lake Norman Properties
Harbor Watch Lot # 140

Pressure Dosed PPBPS

# of panels 73.
Size holes 5/32. 1 hole per panel.
Approximate amount of sand needed 53.
100 lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 30.
TDH 39.

Comments

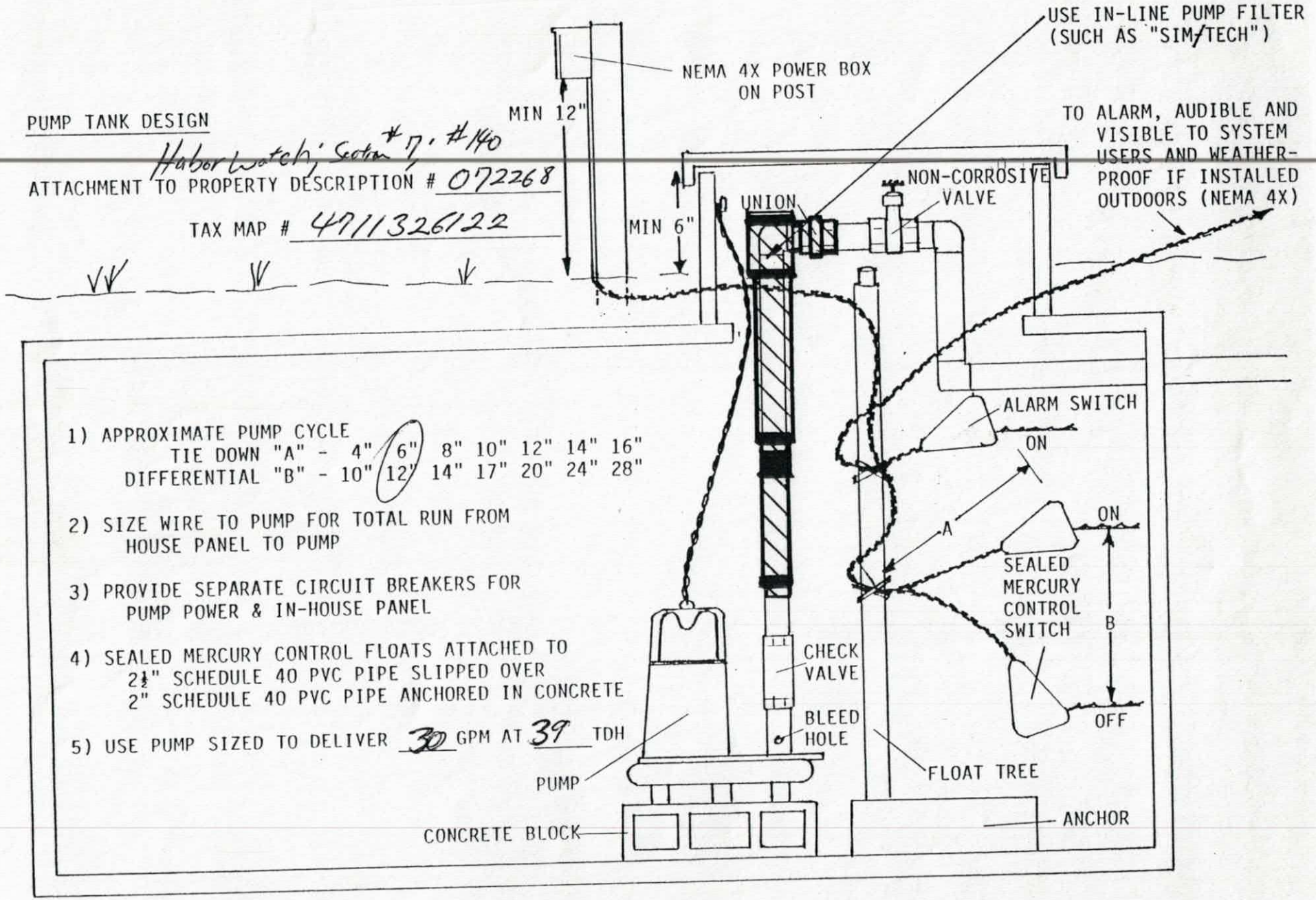
Scour Trench Sidewalls and apply a Light Dusting of Lime prior to installing Panels.

PUMP TANK DESIGN

Harbor Watch; Section 7, #140

ATTACHMENT TO PROPERTY DESCRIPTION # 072268

TAX MAP # 4711326122



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 30 GPM AT 39 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:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Prestige Bldg Co	3634846	P.O. Box 754	Troutman	NC	28166

Current Property Owner	Mailing Address	City	State	Zip Code
John + Judy Sledden				

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Harbor Watch	140		

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

Specific Directions to Property: Buffalo Shoals Rd TL on Laurel Cove Rd TR into Harbor Watch Make 1st R thru gates TL Harbor Ridge Or take to End

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 3

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

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.

4-26-01 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

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:

Randy Allen	1-800-420-6537	P.O. Box 1979	Matthews,	N.C.	28106
Applicant	Phone #	Mailing Address	City	State	Zip Code

Lake Norman Properties	P.O. Box 1979	Matthews	N.C.	28106
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Harbor Watch	LOT 140	7	State Road
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	

Private Well	July 27, 1997	1503L00000B052
(Proposed) Water Supply; Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions To Property:
Buffalo Shoals Road (SR 1004) to Laurel Cove Road (SR 1437).
Follow Laurel Cove to Harbor Gate Drive.

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

House X Mobile Home ___ Commercial No. Bedrooms 3 No. Baths 2

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

Crawl Space X Concrete Slab Garbage Disposal Jacuzzi 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 revelant 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.

Date 12/26/96 Signature of Owner/Authorized Agent Randy Allen

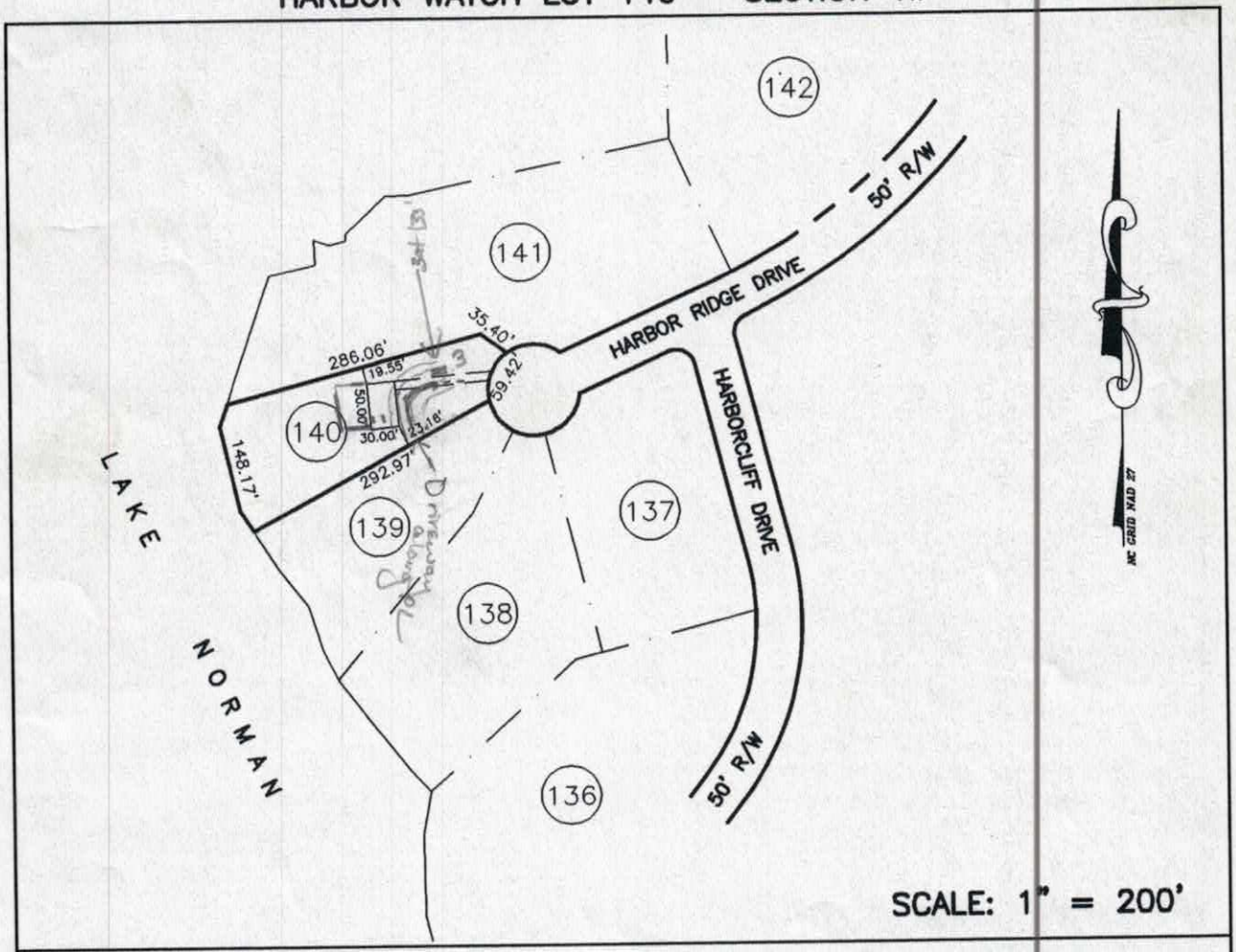
IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary)plat(and proposed house dimensions must be staked and flagged)before the iredell County Health Department can begin review work on the proposed site. An application for an Improvement Permit is considered complete only when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing all proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.)3. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property(if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc, which will occupy space on the proposed lot.

HARBOR WATCH LOT 140 – SECTION VII



SCALE: 1" = 200'

I hereby convenant that the above representation is correct to the best of my knowledge and ability.

2/26/98 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 072286 Zoning Permit: X Improvements Permit: 1

Name: LAKE NORMAN PROPS Address: PO BOX 1627

City: MATTHEWS State: NC Zip: 281060000

Phone: 0008476606

Proposed Use: 01

PIN #: 4711326122 Zoning: RA Township: 1500

Street Address: HARBOR RIDGE DR

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: HARBOR WATCH Lot #: 140 Lot Size: .79

Has Property been recorded? N Community Water? Sewer?

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: 35F 35R 15S

Minimum Lot Size: 21780 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

1998-03-02 116421
1050 dr

Comments:

Hold Building Permits? Y Reason: PLAT HAS NOT BEEN RECORDED

Location: BUFFSH L LAREL R HRBRGT R HRBRW L HRBRDGE AT END

Staff: RRS Date: 02/27/98

Fees: Zoning: $ 15.00 Health: $ 75.00

Signature of Applicant: _____
Owner: Agent: