IREDELL COUNTY HEALTH DEPARTMENT

Site Address: 128 Harborcliff Dr. Stol.

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

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

PERMIT# 072282 PIN# ~~4711 32 6122~~ 4711-20-1419 DATE 11-5-99

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

ADDRESS P.O. BOX 1627 MATTHEWS NC 28106

LOCATION BUFFALO SHOALS RD, TL LAUREL COVE RD, TR HARBORGATE, TR HARBORWATCH, TL HARBOR RIDGE, TL HARBOR CLIFF

SUBDIVISION HARBOR WATCH BLOCK / SECTION VII LOT 136 LOT AREA 1.88 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 1-25-03

Pump Tank: 1000 Gallons; PT 283 Date 1-29-03

Pump Make: MYERS Model MESOS-11 Serial No.

Nitrification Field: No Fields 1 Square Feet ~~Req.~~ 1440 Linear Feet 240

No Lines FIVE Trench Width 24" Max Trench Bottom Depth 38" ~~Gravel~~ Depth SAND 6"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: LOW PRESSURE PPBPS

Repair System Description: LOW PRESSURE PPBPS

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 ☐ Public ☐ Community WELL

Comments:/Conditions:

Comments:/Conditions: SEPTIC TANK W/ RISERS INSTALLED USING "ZABEL" FILTER

INITIAL SITE SKETCH

① INSTALL 50% REDUCTION SYSTEM USING FIFTY-FIVE (55) PPBPS PANELS IN FIVE EQUAL LENGTH LINES ON CONTOUR AS SHOWN ON THE ATTACHED PLAN. (GERALD N. GRANT & ASSOC., PROJ. NO. 96017-LOT 136)

② INSTALL LINES IN ACCORDANCE WITH THE GUIDELINES SET FORTH IN .1956 (5).

③ SYSTEM TO BE INSTALLED ACCORDING TO ATTACHED PLAN IN REFERENCE TO PUMP, IN-LINE PUMP FILTER W/ SOCK & PRESSURE HEAD REQUIREMENTS.

④ PPBPS PANELS TO BE INSTALLED ACCORDING TO MANUFACTURERS SPECIFICATIONS.

⑤ CERTIFIED MANAGEMENT ENTITY SHALL BE CONTRACTED WITH PRIOR TO ISSUANCE OF OPERATION PERMIT.

AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

LOT AT END ON RIGHT

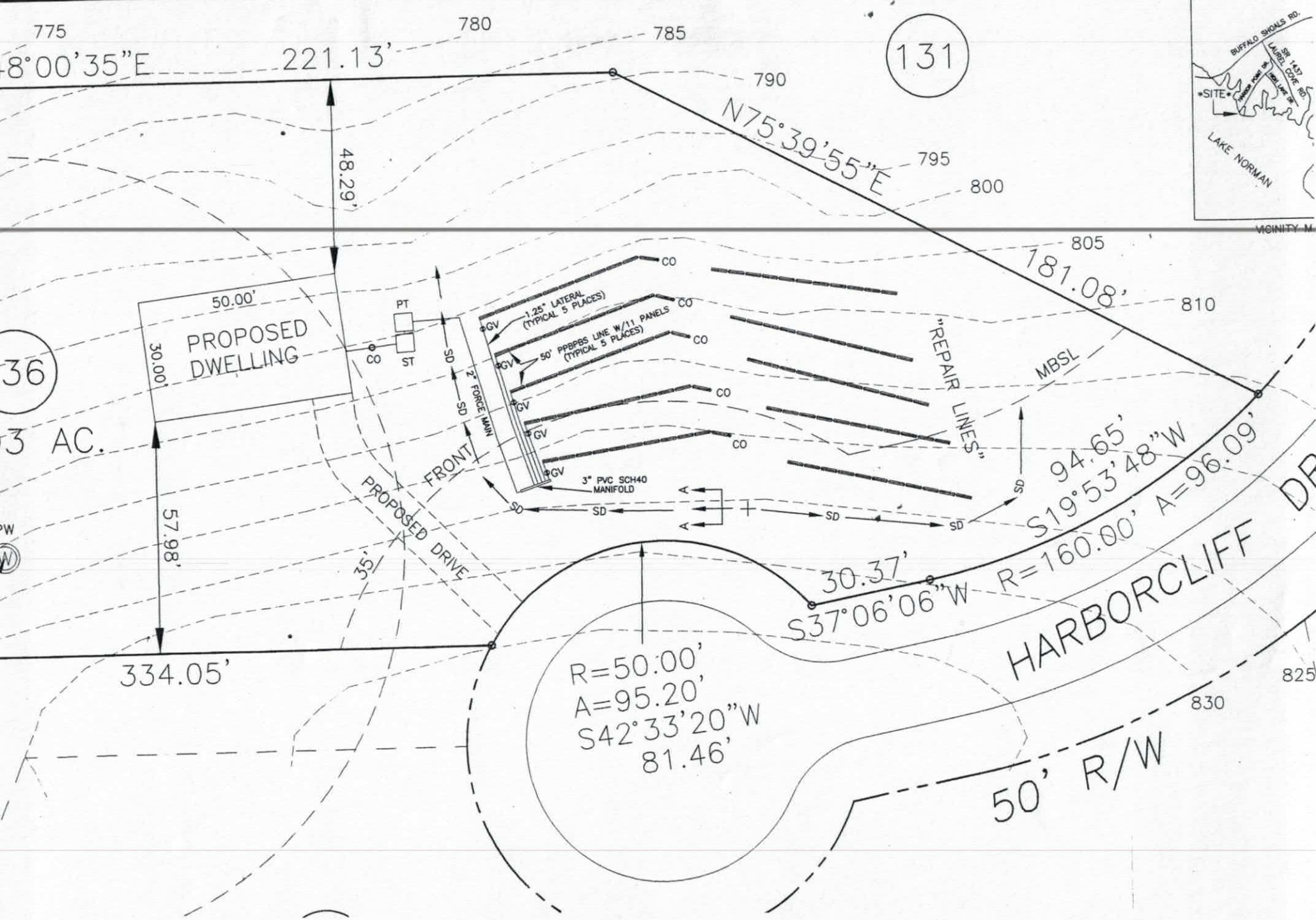
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Gerald N. Grant, AGENT date 11-5-99 Installed by: CURT DUNNING

Improvement Permit by: STEVE HEDRICK date 11-5-99 Operation Permit by: STEVE HEDRICK date 9-2-03

Authorization to Construct by: STEVE HEDRICK date 11-5-99 Existing System Inspection by: date

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


775
780
785
790
795
800
805
810
825
830
131
136
N75°39'55"E
221.13'
181.08'
48.29'
50.00'
30.00'
PROPOSED DWELLING
PT
CO
ST
SD
2" FORCE MAIN
1.25" LATERAL (TYPICAL 5 PLACES)
50' PPBPBS LINE W/11 PANELS (TYPICAL 5 PLACES)
GV
3" PVC SCH40 MANIFOLD
"REPAIR LINES"
MBSL
FRONT
PROPOSED DRIVE
35'
57.98'
334.05'
94.65'
S19°53'48"W
30.37'
S37°06'06"W
R=160.00'
A=96.09'
HARBORCLIFF DR
R=50.00'
A=95.20'
S42°33'20"W
81.46'
50' R/W
3 AC.
BUFFALO SHOALS RD.
SR 1437 LAUREL COVE RD
SITE
LAKE NORMAN
VICINITY M

GERALD V. GRANT & ASSOCIATES
Engineering - Surveying - Planning
P.O. Box 268 115 S. Center St.
STATESVILLE, NORTH CAROLINA 28677
(704) 872-3136

SHEET NO. _____ OF _____
CALCULATED BY GWG DATE 11-4-99
CHECKED BY _____ DATE _____
SCALE _____

LINE NO.	LENGTH	SPACE	3/16" = 0.1875 # HOLES	ELEV.	HEAD	Q_{HOLE}	Q_{LINE}
1	50	4.33	11	821.61	2.0	0.65	7.15
2	50	4.33	11	817.16	2.0	0.65	7.15
3	50	4.33	11	813.27	2.0	0.65	7.15
4	50	4.33	11	809.61	2.0	0.65	7.15
5	50	4.33	11	805.42	2.0	0.65	7.15
							35.75 GPM

$Q_o = 13 d^2 h^{1/2}$
$= (13)(.1875)^2 h^{1/2}$
$= 0.457 h^{1/2}$

PRODUCT 204-1 NEBS Inc., Groton, Mass. 01471.

GERALD V. GRANT & ASSOCIATES
Engineering - Surveying - Planning
P.O. Box 268 115 S. Center St.
STATESVILLE, NORTH CAROLINA 28677
(704) 872-3136

SHEET NO. _____ OF _____
CALCULATED BY 606 DATE 11-4-99
CHECKED BY _____ DATE _____
SCALE _____

$$\frac{11 \text{ PANELS}}{\text{LINE}} \times 5 \text{ LINES} = 55 \text{ PANELS} \times 3.6 \frac{\text{GAL}}{\text{PANEL}}$$

$$= 198 \text{ GALLONS PER DOSE}$$

$$\frac{198 \text{ GAL}}{7.48 \frac{\text{GAL}}{\text{CF}}} = 26.47 \text{ CF}$$

$$\frac{26.47 \text{ CF}}{4.46 \text{ FT} \times 7.29 \text{ FT}} = 0.814 \text{ FT} \approx 10 \text{ INCHES}$$

FLOAT DIFFERENTIAL

PRODUCT 204-1 NEBS Inc., Groton, Mass. 01471.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: L K Norman Prop. APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 3/19/98
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Sec VII Lot #136 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		0-7"	Brn, SCL, GR	FR					U
		7"-27"	Rd/Brn C	SBK S, P, SE, F					
		27"	Weathered Rock - Water Comingled hole						
2	HS 15%	0-5"	Brn, SCL, GR	FR					Mica PS .25 to .3 in 36
		5-36"	Rd/Brn C	SBK S, P, SE, F	w/ Islands of SAP, common flakes				
		36-48"	SAP/Rd/Brn C & Weathered Rock		Mix				
3	HS 25%	0-18"	Brn/Rd/Brn C/Cl	S-SS, SP, SE, F					U
		18-30"	Weathered Rock w/ Common Mica flakes						
		30-42"	Weathered Rock & SAP mix						
4		0-26"	Rd/Brn C	SBK S-SS, SP-P, SE, F					PS .25 .3
		26-45"	Brn to Rd/Brn C/Cl	wSBK SS, SP, SE, F					
			w/ Common Mica Flakes						
		45"+	Brn C/Cl & Weathered Rock		Mix				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR	.25	

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

480 lin ft Conv 360 P.Cham

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 Properties APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 3/23/98
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Sec 7, Lot #136 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Pit #1 8-20%	0-37"	Rd/Br SiCl	S, P, SE, FI-FR w/SAP	indus.		Common Mica Flakes		PS .3 to 37"
		37"-39"	Rock Fragments + Cl						
		39"-48"	Weathered Rock/SAP		Common	Mica Flakes			
2									
3									
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: _____

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 136	7	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road

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 9/30/99 Signature of Owner/Authorized Agent Jennifer Lee

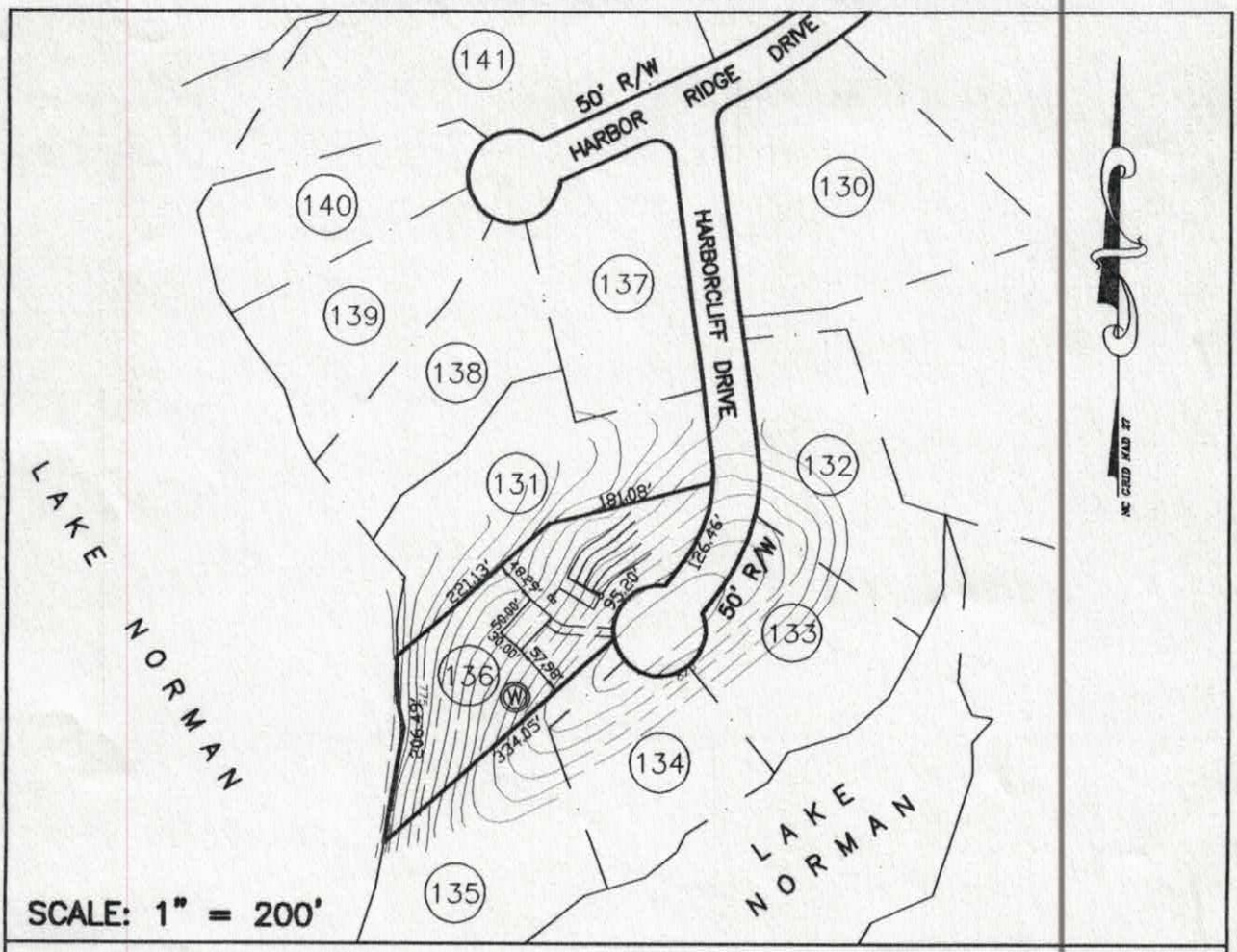
IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

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 136 – SECTION VII



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

9/30/99 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: 072282 Zoning Permit: X Improvements Permit: 1

Name: LAKE NORMAN PROPS Address: PO BOX 1627

City: MATTHEWS State: NC Zip: 281060000

Phone: 0008476006

Proposed Use: 01

PIN #: 4711326122 Zoning: RA Township: 1500

Street Address: HARBORCLIFF DR

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: HARBOR WATCH Lot #: 136 Lot Size: 1.88

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

Comments:

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

Location: BUFF L LARL R HARGT R HARWT L HARRI L HARC 2D N RT

Staff: RRS Date: 02/26/98

Fees: Zoning: $ 15.00 Health: $ 75.00

1998-03-02 116424

Signature of Applicant: Sandra Arant
Owner: Agent:

H 1050 dr

1998-03-02 16424