IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 72287 PIN# 4711326122 DATE 9/8/00

OWNER OR CONTRACTOR Lake Norman Corp. PHONE: Business 847-6006 Home

ADDRESS PO Box 1627 Mathews NC 28106

LOCATION Buffalo Shoals, L Laurel Cove, R Harbor gate, R Harborwatch, L Harbor Ridge at end

SUBDIVISION Harborwatch BLOCK / SECTION 7 LOT 141 LOT AREA 1.67 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25 - .5

Septic Tank: 1000 Gallons; STB 1012 Date 10/14/00

Pump Tank: 1000 Gallons; PT 17 Date 11/4/00

Pump Make: LITTLE GIANT Model 14EH-CIM Serial No. 517220

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 22" Gravel Depth 12"

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

System Description: PM - Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes X No

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

X House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

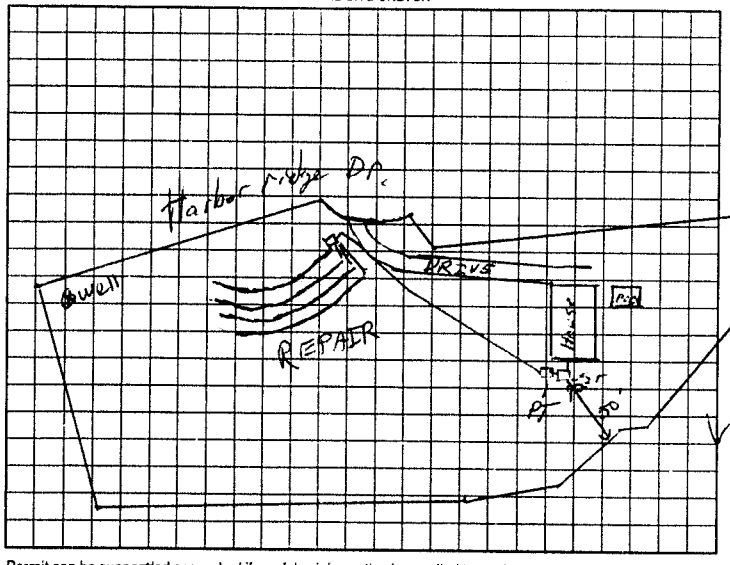
☐ Other

Water Supply: X Individual ☐ Public ☐ Community

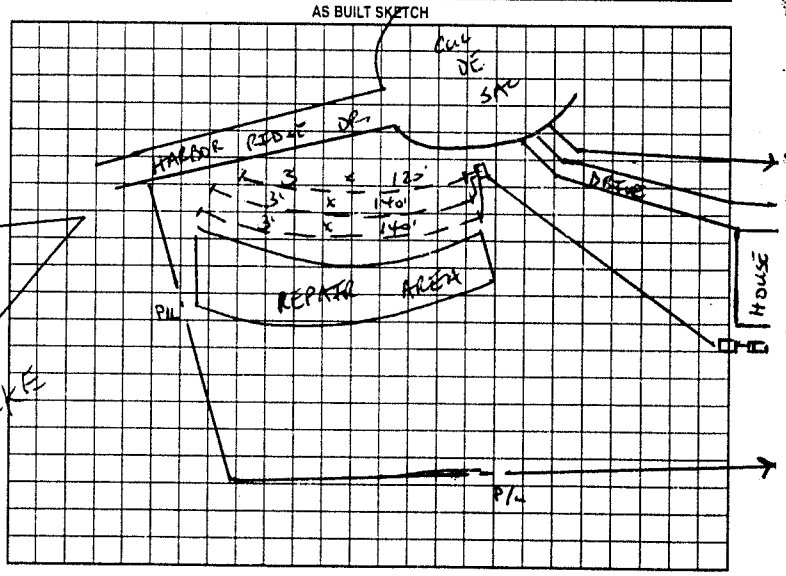
Comments/Conditions: Keep well a minimum of 100ft from Septic System

Comments/Conditions: 5-1-01 - CHECKED UPPER (120') DRAINLINE, 5/2/01 - CHECKED MIDDLE DRAINLINE (140'). 5-3-01 - CHECKED LAST LINE AND PUMP ~~NEED~~ ELECTRICAL — 6/4/01 WAJ)

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: _____ date 9-8-00

Improvement Permit by: _____ date 9/8/00

Authorization to Construct by: _____ date 9/8/00

Installed by: STATESVILLE BACKHOE

Operation Permit by: _____ date 6/4/01

Existing System Inspection by: _____ date _____

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