Note: This permit voids permit dated 11/29/00 (Owe # 500.00)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 07330 1 PIN# ~~4711-36-2277~~ 4711-23-9025 ✓ DATE 9/20/01

OWNER OR CONTRACTOR Tim Pickering PHONE: Business _____ Home (704) 573-3178

ADDRESS 6516 St Ox Meade Drive Charlotte N.C. 28227

LOCATION 016 Mtn Rd. (R) Buffalo Shoals, (L) Laurel Cove, (R) Harbor gate, (R) Harbor Watch, (L) Harbor Ridge on Left

SUBDIVISION Harbor Watch ✓ BLOCK / SECTION 4 LOT 121 LOT AREA 2.84 Ac SITE CLASS 75 DESIGN FLOW 600 L.T.A.R. 0.3

Septic Tank: 1,500 Gallons; STB 338 Date 7-15-01

Pump Tank: 1,500 Gallons; PT 338 Date 6-26-01

Pump Make: Myers Model ME505 Serial No. 401

Nitrification Field: No Fields 1 Square Feet equivalent 2,100 Linear Feet 335

No Lines 45 Trench Width 24" Max Trench Bottom Depth 36" ~~Gravel~~ Sand

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

System Description: Low Pressure PVC

Repair System Description: LP PVC

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 4½

☐ Business No. Employees ____

☐ Other ____

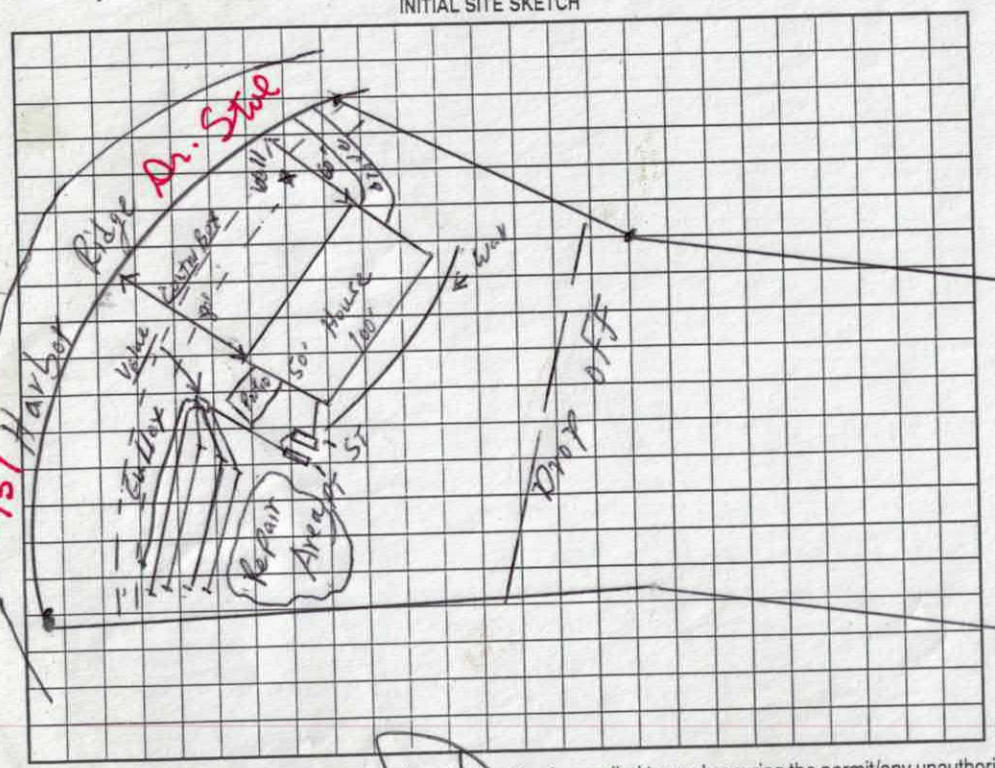
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

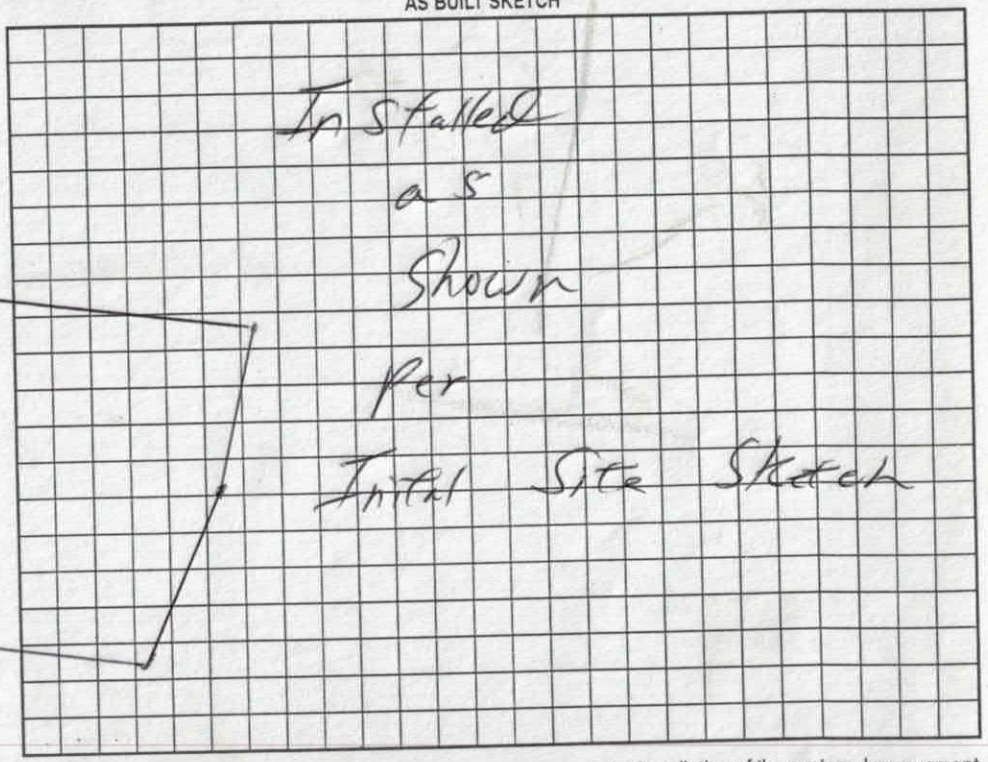
Comments:/Conditions: ① Install Lines on Contour ② maintain proper Setbacks ③ A contract shall be executed between the System Owner and a management entity prior to the issuance of an Operation Permit. ④ Install 77 panels w 5/32 Holes in Pipe

Comments:/Conditions: ① Installed 5 Lines – #1-65', #2-90', #3-75' #4-60', #5-55' ② Pressure Check-okay, Lines-okay, Electrical-okay on 9/27/01 wjj: Alarm okay 9/28-01

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 9-21-01 Installed by: R+H Inc

Improvement Permit by: William O. Johnson date 9/20/01 Operation Permit by: William O. Johnson date 9-28-01

Authorization to Construct by: William O. Johnson date 9/20/01 Existing System Inspection by: _____ date _____

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

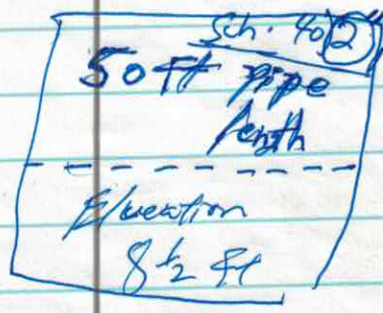
Park
Office
Well
Pump
Shed
Path
Flower Bed
Lawn
Tree
Bench
Entrance
Exit
Fence
Gate
Road
Parking Area
Picnic Table
Trash Can
Water Fountain
Restroom
Playground
Swing Set
Slide
Sandbox
Basketball Court
Tennis Court
Soccer Field
Baseball Field
Pond
Bridge
Trail
Boardwalk
Gazebo
Pavilion
Amphitheater
Stage
Concession Stand
Ticket Booth
Scoreboard
Bleachers
Dugout
Backstop
Foul Line
Home Plate
Pitcher's Mound
Outfield
Infield
Warning Track
Batting Cage
Locker Room
Equipment Shed
Maintenance Building
Storage Shed
Greenhouse
Garden
Orchard
Vineyard
Windmill
Water Tower
Power Line
Transformer
Substation
Parking Lot
Handicap Parking
Bus Stop
Crosswalk
Traffic Light
Stop Sign
Yield Sign
One Way
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Speed Limit 990
Speed Limit 995
Speed Limit 1000

Pm L. Prosser Panel Block

Tim Pickering

77 Panels

335 ft



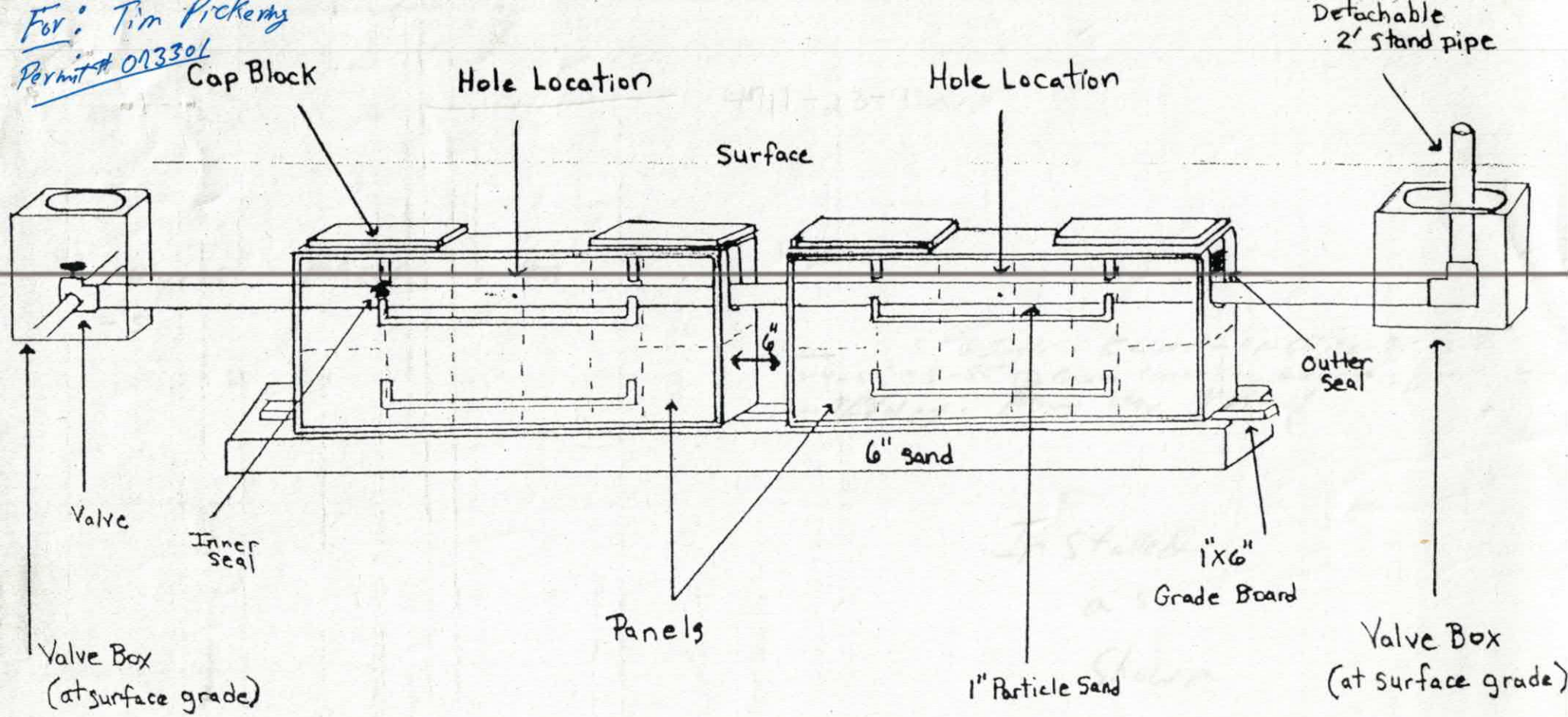
1) $77 \times \underset{(5/32)}{0.59} = 32.$ gpm

2) Friction Loss/100 ft
$1.78 \times 0.5 = .89$ Friction Loss
(50 ft) in %

3) $.89 \times 1.2 = 1.068 \approx 1.1$ Friction Head

Elevation Tank
$8\frac{1}{2}$ ft + 6 ft Elevation Head = 14.5
Friction Head = 1.1
Working Head = 2 psi
17.6 = 18 Total System Head

For: Tim Pickering
Permit # 013301



Pressure Dosed PPBPS

of panels 77.
Size holes 5/32. 1 hole per panel.
Approximate amount of sand needed 56 tons.
100lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 32.
TDH 18.

Comments

Rake & Lime Trench Sidewalls.

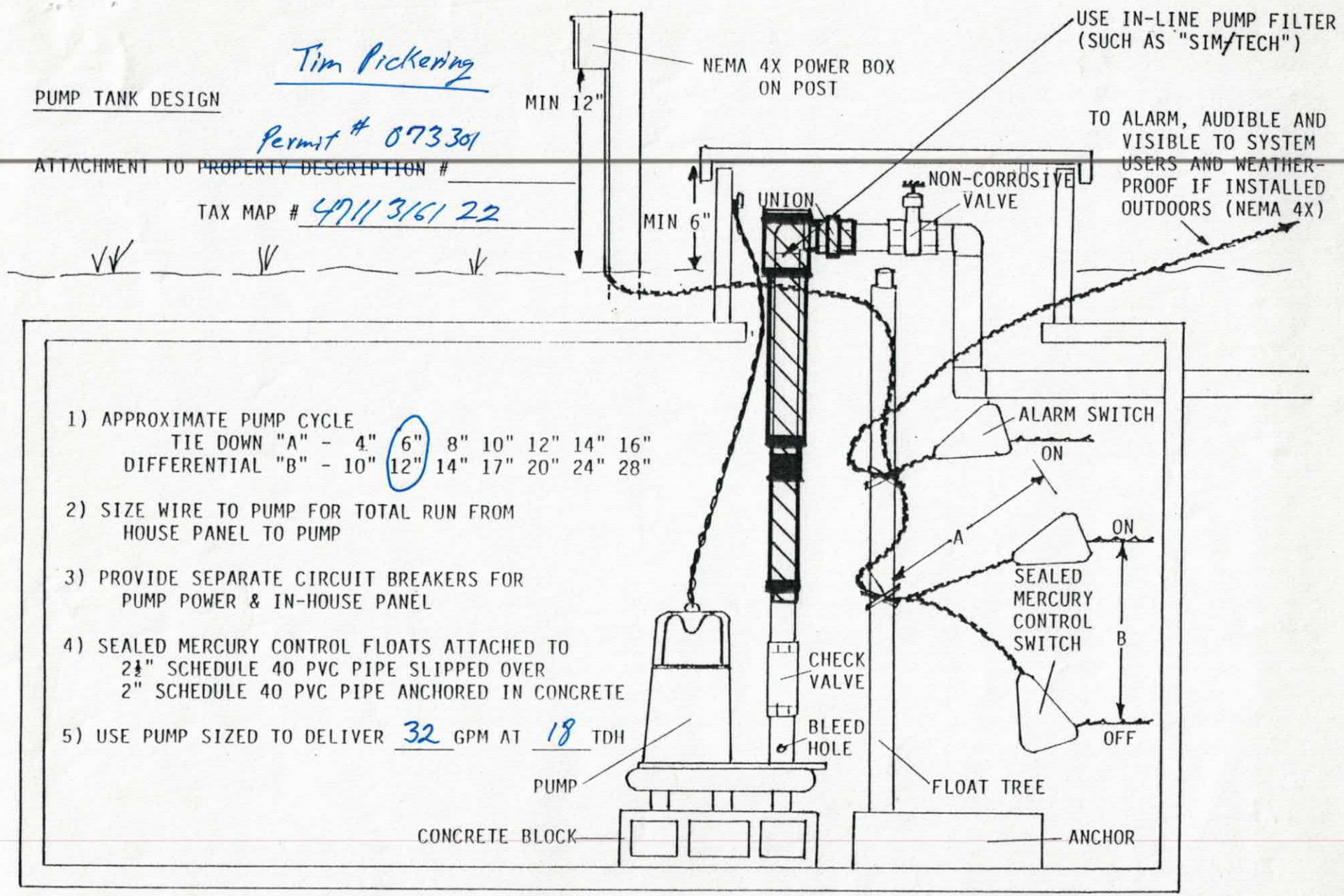
Tim Pickering

PUMP TANK DESIGN

Permit # 073301

ATTACHMENT TO ~~PROPERTY DESCRIPTION~~ # _____

TAX MAP # 47113161 22



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 32 GPM AT 18 TDH

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

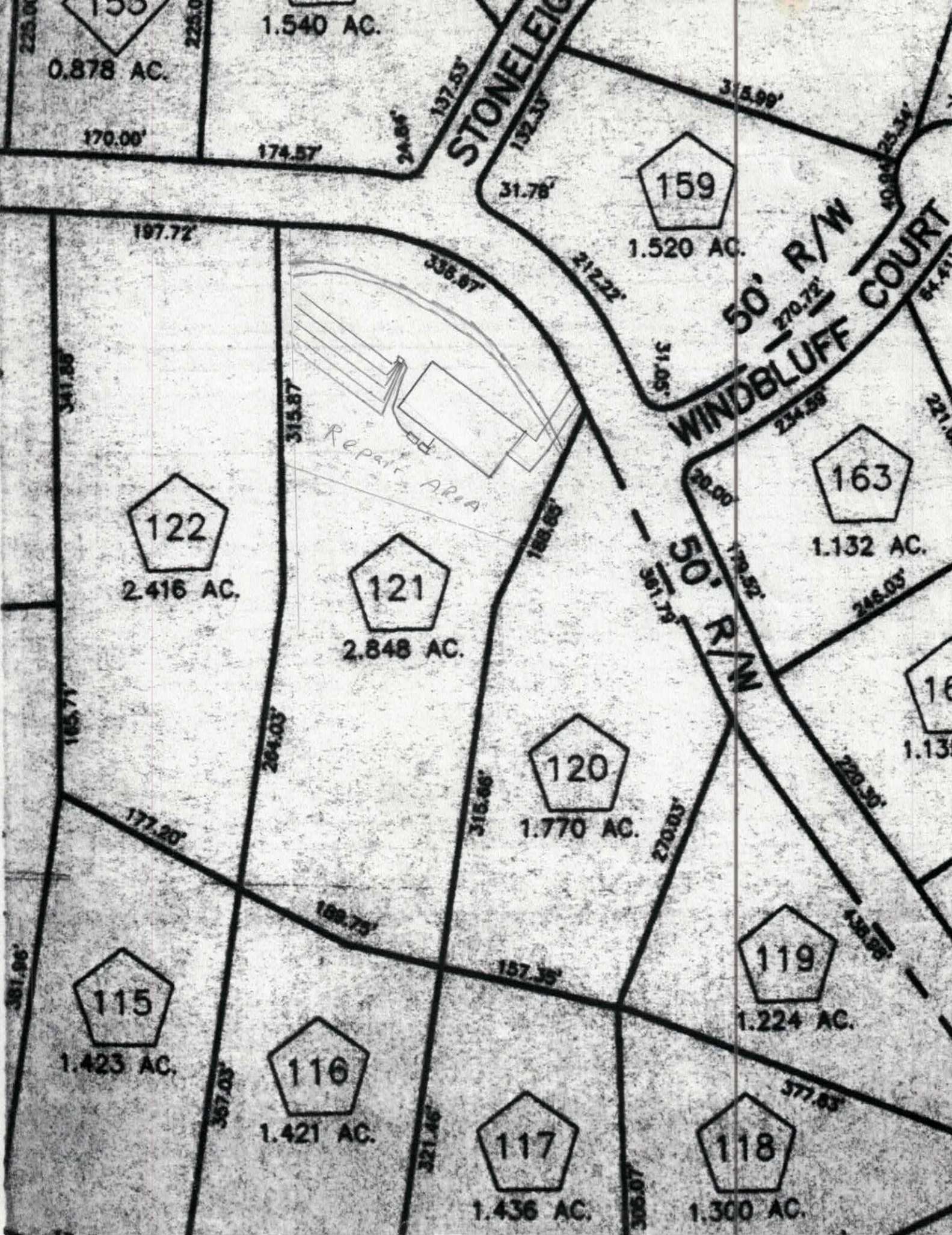
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: LK Norman Properties APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 5/28/98
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Harborwalk 4 Lot 121 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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	P1 12%	0-46"	Rd/Brn C/Cl	SBK SS, SP SE, Fi FR w/ Inclus of Scattered			Rock		PS .3
2	15%	0-48"	Rd/Brn C/Cl	SBK SS, SP SE, Fi FR w/ Inclus of Rock Quartz Inclus 24-28"					PS .3
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: _____


153
0.878 AC.
1.540 AC.
STONELEIG
315.99'
132.53'
170.00'
174.57'
159
1.520 AC.
31.78'
197.72'
338.87'
212.22'
50' R/W
270.72'
WINDBLUFF COURT
315.87'
Repair Area
163
1.132 AC.
234.58'
122
2.416 AC.
121
2.848 AC.
188.65'
50' R/W
361.79'
246.03'
120
1.770 AC.
316.86'
270.03'
220.30'
177.20'
169.75'
157.35'
115
1.423 AC.
119
1.224 AC.
116
1.421 AC.
117
1.436 AC.
118
1.300 AC.
377.83'

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
TIM PICKERING	(704) 573-3178	6516 Stormeade Dr	Charlotte	NC	28227

Current Property Owner	Mailing Address	City	State	Zip Code
Same				

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Harbor Watch	121	4	

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

Specific Directions to Property
Mountain Rd to Buffalo Shoals to Laurel Cove to Harbor Watch 1st right to stop sign - left onto Harbor Ridge Drive. lot on left

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

House X Mobile Home ____ Commercial ____ No. Bedrooms 5 No. Baths 4 1/2

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

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.

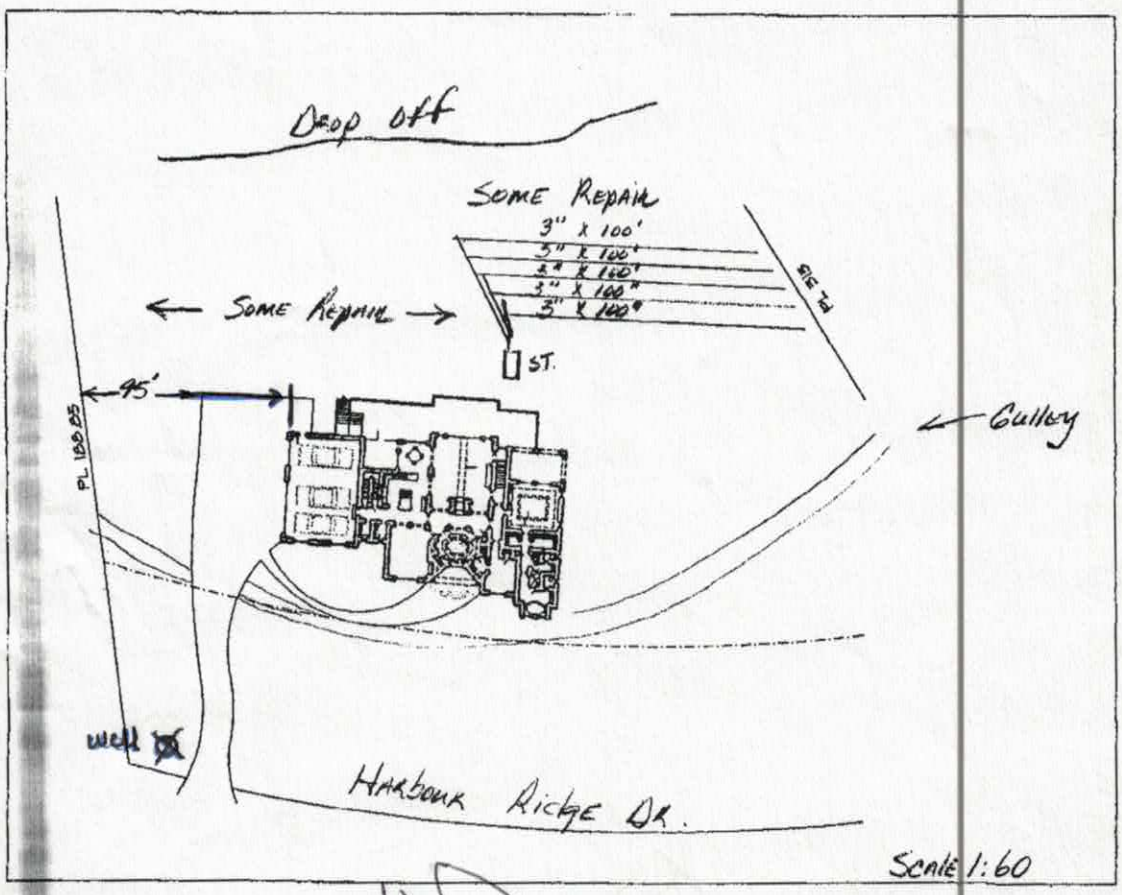
31-10-00 DATE [signature] SIGNATURE OF OWNER/AUTHORIZED AGENT

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 this 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.). E. 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.



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

31-Oct-00 Date [signature] 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: 073301 Zoning Permit: X Improvements Permit: 1

Name: L N PROPERTIES INC Address: P O BOX 1627

City: MATTHEWS State: NC Zip: 281060000

Phone: 7048476006

Proposed Use: 01

PIN #: 4711 31 6122 PT Zoning: RA Township: 1500

Street Address: HARBOR RIDGE DR

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: HARBOR WATCH IV Lot #: 121 Lot Size: 2.84

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: F35' R35' S15'

Minimum Lot Size: 21780 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Y Reason: PLAT NOT RECORDED HARBOR RIDGE, ON LT

Location: LAUREL COVE,TR HARBORGATE, TR HARBOR WATCH, TL

Staff: KFH Date: 04/21/98

Fees: Zoning: $ 15.00 Health: $ 75.00

Signature of Applicant: Graham Weaver
Owner: Agent: