This Permit Voids Previously issued Permit dated 12/3/02.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 068362 PIN# 4711-30-6698 DATE 5/9/02

OWNER OR CONTRACTOR J. D. North / Lake Norman Properties PHONE Business (704) 875-0898 Home —

ADDRESS 18627-A Northline Drive Cornelius, N. C. 28031

LOCATION Buffalo Shoals Rd (R) Laurel Cove, (R) Harbor Pointe Corner of High Lake

SUBDIVISION Harbor Water BLOCK / SECTION II LOT 54 LOT AREA 1.42 SITE CLASS V5 DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 4000 Gallons: STB 794 Date 3-19-02
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet approx 1200 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

X New System ☐ Repair System Type: I II (III) IV V VI
System Description: Gravity 25% Reduction
Repair System Description: Pump/Gravity - 25% Reduction
Maintenance Agreement Required: ☐ Yes X No

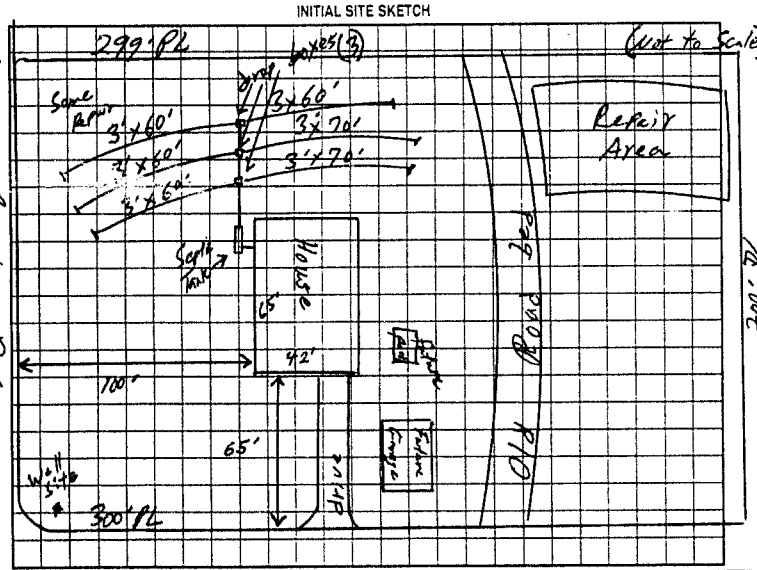
X House/Mod Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2.5 No. Employees ____
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

Comments/Conditions: ① maintain proper setbacks ② Install lines ON Contour

Comments/Conditions: - Septic Tank marker installed
- Zabel Filter Installed
- 380 Ft of EZ Lay installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Shown per Initial Site Sketch

Harbor Pointe Drive

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: James M Chaney date 5/9/02 Installed by Buddy Chaney

Improvement Permit by: William O. Johnson date 5/9/02 Operation Permit by: William O. Johnson date 5/9/02

Authorization to Construct by: William O. Johnson date 5/9/02 Existing System Inspection by: _____ date _____

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