IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 3-18-98

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

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

PERMIT# 071583 PIN# 4711 31 6123 (PART) DATE 4-14-99

OWNER OR CONTRACTOR LAKE NORMAN PROPERTIES INC PHONE: Business _____ Home _____

ADDRESS P.O. BOX 1627, MATTHEWS, NC 28106

LOCATION BUFFALO SHOALS RD, TL LAUREL COVE ROAD, TR HARBOR GATE DRIVE, 4TH LOT ON LEFT

SUBDIVISION HARBOR WATCH BLOCK / SECTION III LOT 101 LOT AREA 2.6 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 12 4 99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400+
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" ~~Gravel~~ Depth SAND 61"

☑ New System ☐ Repair System Type: I. II (III) IV. V. VI
System Description: 25% REDUCTION SYSTEM
Repair System Description: LARGE DIAMETER PIPE
Maintenance Agreement Required: Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

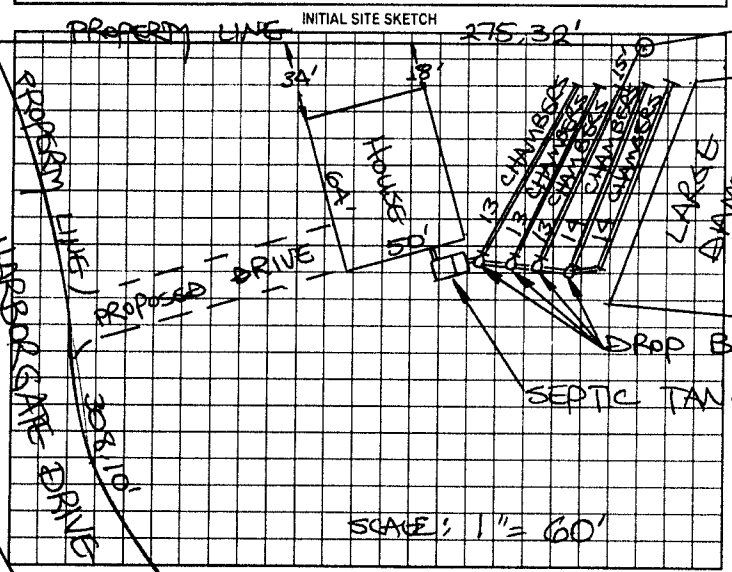
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

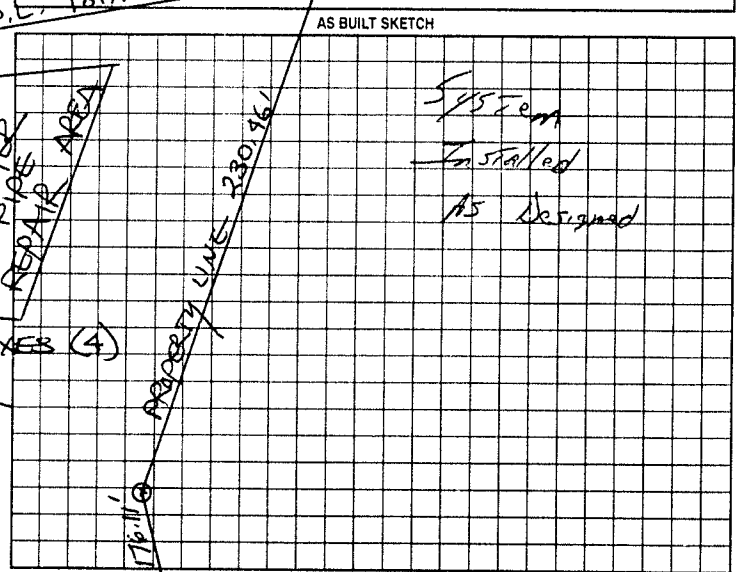
Comments/Conditions ① KEEP SYSTEM MINIMUM 100 ~~FEET~~ FROM WELL
② INSTALL 25% REDUCTION SYSTEM USING 67 CHAMBERS OR 40 H.D.S. SECTIONS ON CONTOUR AS FLAGGED

Comments /Conditions

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 04/15/99 Installed by: _____

Improvement Permit by: STEVE HEDRICK date 4-14-99 Operation Permit by: _____ date April 7 2000

Authorization to Construct by: STEVE HEDRICK date 4-14-99 Existing System Inspection by: _____ date _____

CUL-DE-SAC

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