This Voids all Previous Permits with This #

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12240 PIN# 4711326122 DATE Aug 11, 99

OWNER OR CONTRACTOR Lake Norman Properties PHONE: Business 8476406 Home

ADDRESS P.O. Box 1627 Mathews, NC

LOCATION Buffalo Shoals (L) Laurel Cove Rd (R) Harbor Watch (R) Harbor Ridge 1st on Right at End of Side

SUBDIVISION Harbor Watch BLOCK / SECTION 4 LOT 78 LOT AREA 1.2 Ac SITE CLASS 5 DESIGN FLOW 360 L.T.A.R. -3

Septic Tank: 1000 Gallons; STB 1012 Date 6/6 99
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 4@80 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, ☒ IV, V, VI
System Description: Gravity / 25% Reduction
Repair System Description: Pump Possible
Maintenance Agreement Required: ☐ Yes ☐ No
Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

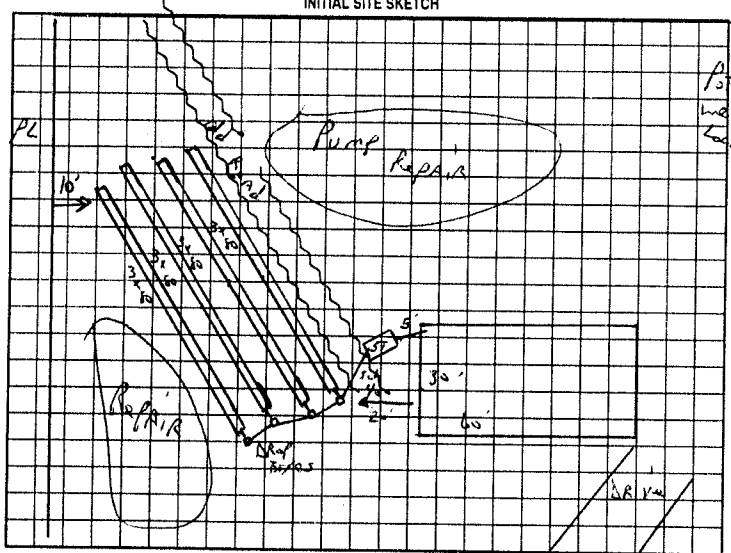
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community
WELL

Comments/Conditions: Install on Contour
Keep well 100ft from Septic System
Stay out of old Road Bed

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 8-12-99

Improvement Permit by: C. Potter date 8.10.99

Authorization to Construct by: C. Potter date 8/10/99

Installed by: C & W Grading

Operation Permit by: C. Potter date 8.18.99

Existing System Inspection by: _____ date _____

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