This Permit Voids All Previous Permits

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83037 PIN# 4711423461 DATE Aug 10, 99

OWNER OR CONTRACTOR Steven Patterson PHONE: Business 5859758 Home

ADDRESS Stony Point, NC 157 CANISTER DR

LOCATION 40 W Ⓛ Old NTT Rd Ⓡ Buffalo Shoals Ⓛ Laird Cove Ⓡ Harbor Gate Ⓡ Harbor Watch on Right

SUBDIVISION Harbor Watch BLOCK / SECTION III IV LOT 84 LOT AREA 2.96 Ac SITE CLASS PS DESIGN FLOW 450 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 786 Date 12-7-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 530
No Lines 5 @ 106ft Trench Width 36" Max Trench Bottom Depth 36

☒ New System ☐ Repair System Type: I ☒ II III IV V VI
System Description: Conv. GRAVITY
Repair System Description: Same / Pump Possible
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

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

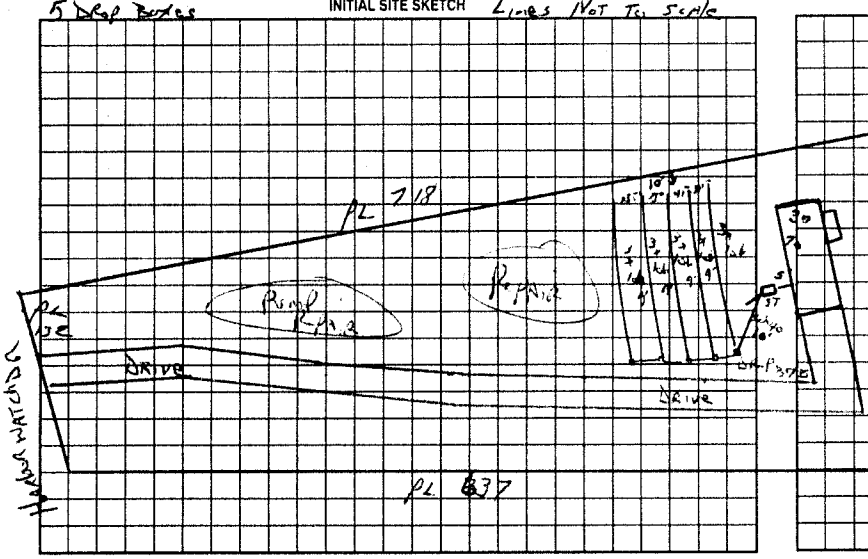
Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments/Conditions: INSTALL ON CONTOUR
KEEP WELL 100FT FROM ANY PART of Septic System
LOCATE Septic Tank TO insure GRAVITY feed + will NOT INTERFERE with house
Observe All setback From house + Property Lines

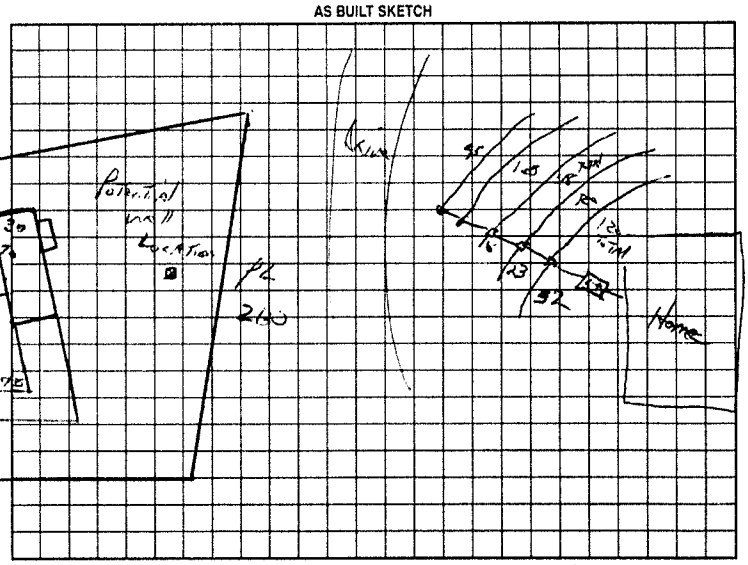
Comments/Conditions:

5 Drop Boxes

INITIAL SITE SKETCH Lines NOT To Scale



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: Steven Patterson date 8-11-99 Installed by: G T M

Improvement Permit by: J. Potter date 8-10-99 Operation Permit by: J. Potter date 5/24/2000

Authorization to Construct by: J. Potter date 8-10-99 Existing System Inspection by: _____ date _____

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