IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 98e9679 PIN# 4713 16 12 2 (pt.) DATE Feb. 17, '98

OWNER OR CONTRACTOR Lake Norman Properties Inc PHONE: Business _____ Home _____

ADDRESS PO Box 1627 Mathews N.C. 28106

LOCATION Buffalo Shoals Rd. Ft Laurel Cove Rd. on Right before Hartwaste Dr.

SUBDIVISION Harbourwatch II BLOCK / SECTION 3 LOT 73 LOT AREA 1.81 Ac SITE CLASS. 45 DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 2-27-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 ; Linear Feet 400
No Lines 3@133' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: gravity conventional
Repair System Description: same
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12"

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

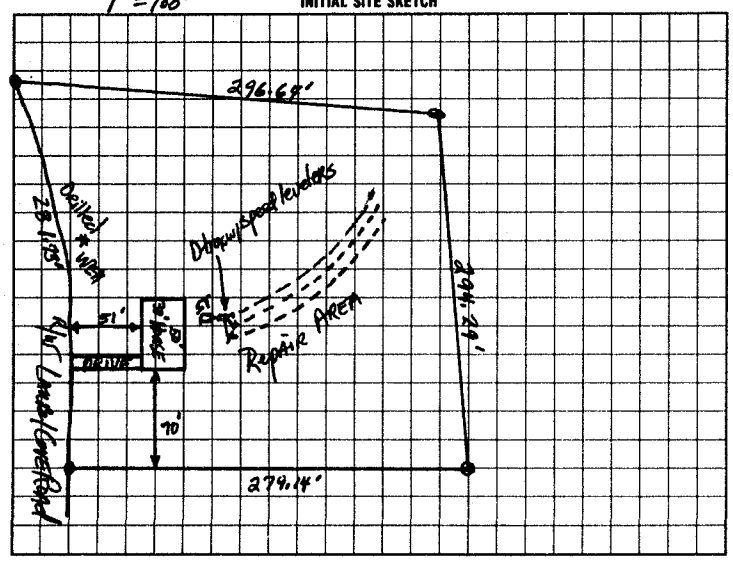
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

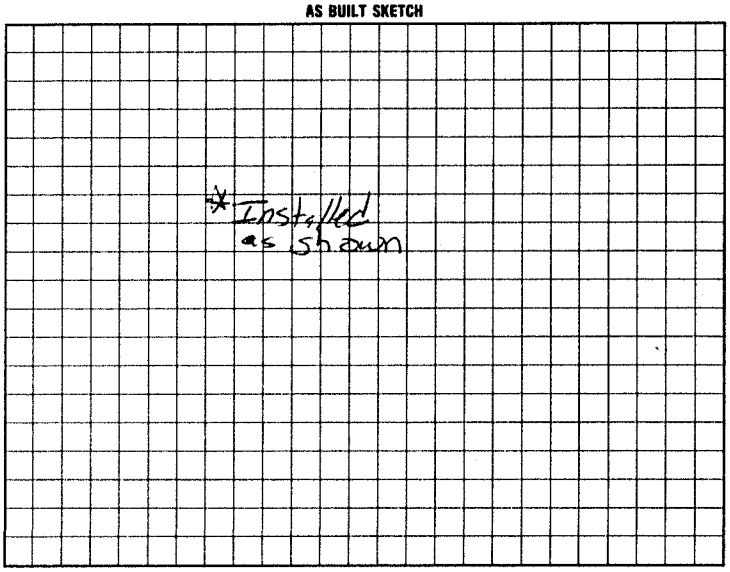
Comments:/Conditions:
Note: Tank turned 90° at end of Deck ~ 18ft from corner of house

1"=100'

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 _____ Installed by: C+W

Improvement Permit by: Donna Robinson, REHS date 2-17-98 Operation Permit by: Mary Coffey, REHS date 9-3-99

Authorization to Construct by: J.C. Moore date 3-25-99 Existing System Inspection by: _____ date _____

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