This permit Voids permit issued on 3/25/99.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079340 PIN# 4711 31 61 22 97 DATE 3/27/02

OWNER OR CONTRACTOR Van Hartsell PHONE: Business (704) 662-3580 Home (704) 664-0985

ADDRESS P.O. Box 907 Davidson, N.C. 28036

LOCATION Buffalo Shoals Rd. on Laurel Cove; on Right past boat storage lot.

SUBDIVISION Harbour Watch BLOCK/SECTION B LOT 17 LOT AREA 1.601 Ac SITE CLASS ____ DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 1,000 Gallons; STB 1007 Date 11-5-02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1,200' Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

X New System ☐ Repair System Type: I. (II.) III. IV. V. VI
System Description: Gravity, Conventional
Repair System Description: Gravity, Conventional
Maintenance Agreement Required: ☐ Yes X No
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

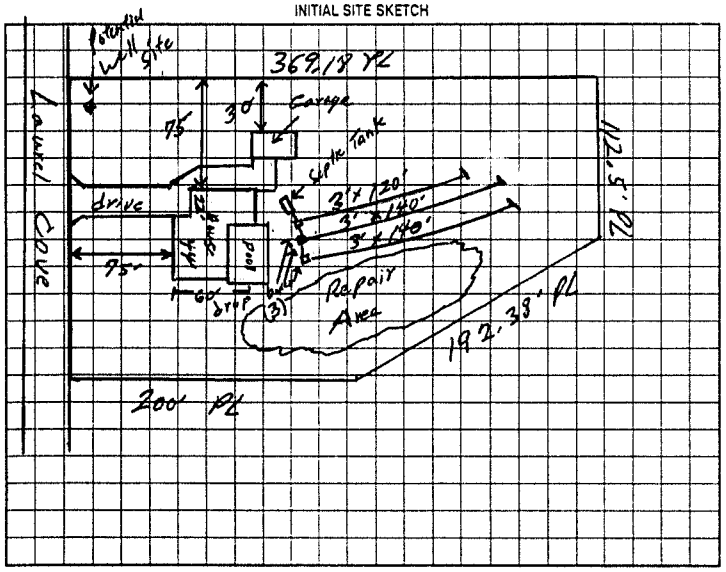
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: X Individual ☐ Public ☐ Community

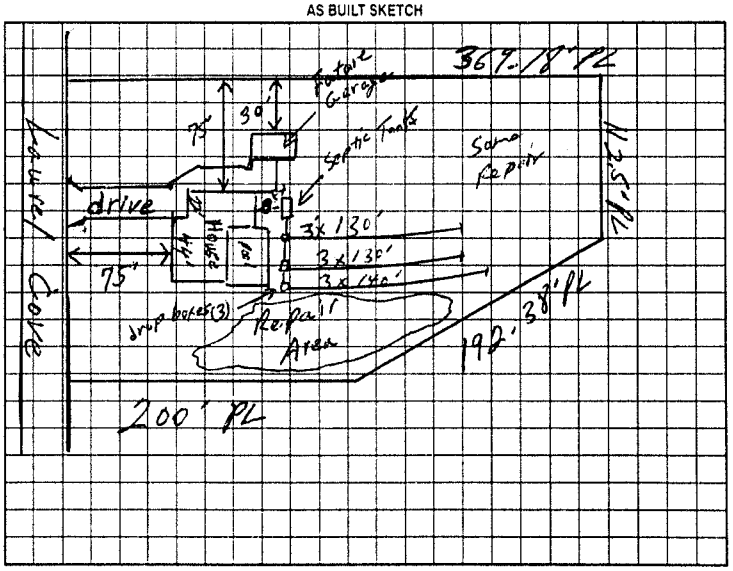
Comments/Conditions: ① Maintain proper set backs ② Keep septic 100' from well ③ Install lines on contour

Comments/Conditions: - poly lot filter Installed - Septic Tank Marker Installed

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: X Van D Hartsell date 3/27/03 Installed by: Kelly Lee Horne

Improvement Permit by: William O. Johnson date 3/27/02 Operation Permit by: William O. Johnson date 12/27/02

Authorization to Construct by: William O. Johnson date 3/27/02 Existing System Inspection by: ____ date ____

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