



Davidson County
Health Department
Diane D. Crouse, B.S.N., M.P.A.
Health Director

NOTICE OF CONDITIONS ON THIS PERMIT
FILE NUMBER

2000/334

This septic tank system requires a pump. A condition of this permit is that the pump is tested and approved before moving into the home or business. Your septic tank contractor will probably install your pump, but not wire it. This requires a licensed electrician and an inspection by the building inspector. This may create a lag time between the installation of the septic tank and when the pump can be tested.

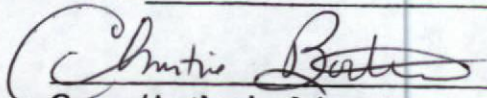
YOU ARE RESPONSIBLE TO DO THE FOLLOWING:

- Fill the pump tank (tank with the manhole) with water up to the first float on the pump pipe; this can be done with a garden hose.
- Provide a drop cord to run the pump.
- Call the Health Department when this is done.

DO NOT WAIT UNTIL YOU ARE READY TO MOVE IN TO DO THIS!

You can not get final electrical power or move in until this is done and there can be problems or changes that must be made.

NAME _____



Owner/Authorized Agent

DATE _____

DATE

11-13-01

Davidson County Health Department

Improvement Permit

If the information on the Improvement Permit is falsified, changed or the site is altered, then the Improvement Permit shall become invalid.

Permit is Valid for Five Years: ☒

No Expiration date:

2-24-00

Date Rec.

Map Code: 7K1B

File No.:

2000 /

334

SUSI ANTHONY

Applicant

Address

Daytime Phone 336 859-3200

NEW HARBORGATE CORP

Owner/Legal Representative

Address

Daytime Phone

HARBORGATE

217

201

9 HEALING SPRINGS

Subdivision

Map

Lot

Sec.

Township

HWT 05 TURN INTO NEW HARBORGATE

HARBORGATE

Road Name

Specific Directions to Property

Facility Type: H

New X

Repair

Expansion

Water Supply

PUBL

No. of Bedrooms: 3

No. of Occupants:

Basement NO

Basement Fixtures

No. of Employees:

Other:

Projected Daily Flow

360

Pump: Yes ☒ No

Proposed Wastewater System Type: IIIg

Permit Conditions:

See Attachment A
25% Reduction system

Permit Granted: ☒

Permit Denied:

Authorized State Agent

Date 11-6-01

Owner/Legal Representative's Signature:

Christa Bottreau

Date 11-13-01

Authorization To Construct Wastewater System

The Authorization for Wastewater System Construction is subject to revocation if the site plan or plat changes, the intended use of the property changes, or if the site is altered or is misrepresented in any way.

Type of Wastewater System: _____ Projected Daily Flow: _____

Wastewater System Requirements

Tank Size: _____ Pump Tank Size: _____ Square Footage: _____

Trench Length: _____ Max. Trench Depth: _____ Trench Width: _____

No. of Trenches: _____ Aggregate Depth: _____

Permit Conditions: _____

See Site Plan / Plat On Attached Sheet

Permit Granted: _____ Permit Denied: _____ Authorized State Agent: _____ Date: _____

Owner/Legal Representative's Signature: _____

Date: _____

Site Plan

Susi, Anthony
Applicant's Name

2000/334
File Number

New Harborside
Subdivision

1
Section

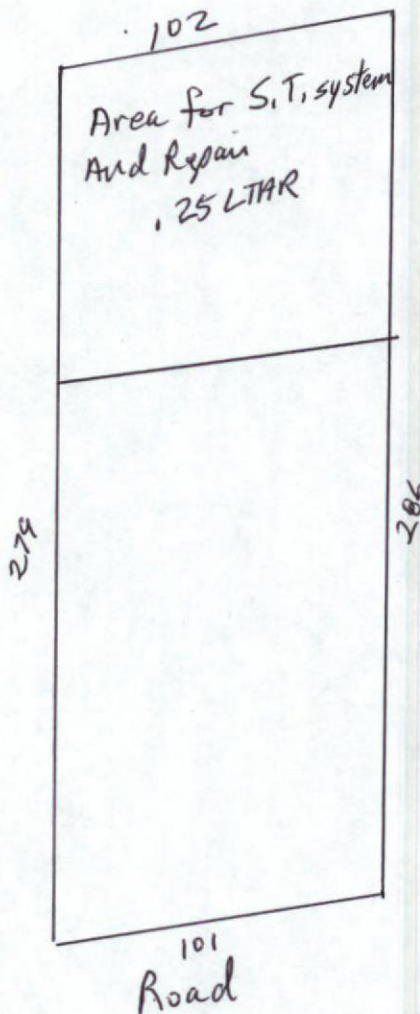
201
Lot #

[Signature]
Authorized State Agent

11-6-01
Date

System components represent approximate contours only. The contractor should flag the system prior to beginning the installation to insure that proper grade is maintained.

Attachment A



Scale: 1"=60'

List of Wastewater Systems Approved for Installation
in North Carolina

1. Conventional system (has gravel and plastic pipe)
2. Shallow placement conventional (12" – 23" trench bottom)
3. Large Diameter Pipe (____ inch)
- ④ PPBPS
 - ① The T&J Panel Wastewater Treatment System
(704-924-8600)
5. Saprolite (list distribution method)
6. Low Pressure Pipe (LPP)
7. Fill (gravity or LPP distribution)
8. Aerobic treatment unit (list distribution method)
- ⑨ Experimental and Innovative Systems
 - ① Chambered Systems
 - ① Biodiffuser (1-800-873-2337)
 - ② Cultec (1-800-428-5832)
(703-497-2119)
 - ③ Hancor (1-888-367-7473)
 - ④ Infiltrator (1-800-221-4436)
 - ② Polystyrene Aggregate
 - ① EEEZZZ Lay (1-800-614-5230) pager
 - ③ Pressurized dosed sand filter (Mike Hoover 919-515-7305)
 - ④ Subsurface wastewater drip system
 - ① Perc Rite Drip System (919-779-6301)
 - ⑤ Puraflo Peat Biofilter System
Bord Na Mona (1-910-547-9338)

The Law requires that you select a wastewater system type with the application for an Authorization to Construct Wastewater System. Select one system type that you prefer from the Wastewater system types listed above. **(SELECT ONLY ONE)**

Applicant/Legal Representative's Signature

Date

Davidson County Health Department

Application for Improvement Permit/Authorization to Construct

000334

Improvement Permit ☒

Date the site will be ready to evaluate _____

Construction Authorization _____ Proposed System Type (required) _____

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THE IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID.

APPLICANT INFORMATION

Anthony Susi

336-859-3200

Permit Requested By

Address

Daytime Phone

New Harborsgate Corp. 116 Harborsgate

336-859-3200

Property Owner

Address

Daytime Phone

PROPERTY INFORMATION

Township Healing Springs Tax Map _____ Lot Number 201 Road _____

Subdivision Harborsgate Section _____ Directions to site: Route 8 South 14 miles to New Harborsgate

DEVELOPMENT INFORMATION

House ☒ Manufactured Home _____ Other _____
Repair to Existing Septic Tank System ☒ Expansion Of Existing System ☒

Residential Info: #Bedrooms 3 Basement (Y/N) ☒ if Y..fixtures? _____ #Occupants _____

Non-Residential Info: Type of Business _____ #Employees _____ #Seats _____
Total Square Footage of Building _____ Other _____

Water Supply: Public ☒ New Well _____ Existing Well _____ Community Well _____

Does this property: 1) Have any designated wetlands? ☒ 2) Subject to approval by any other public agency? ☒ Will there be any wastewater generated other than domestic sewage? ☒ If yes...explain _____

I have read this application and certify that the information provided herein is true, complete and correct to the best of my knowledge. Authorized county and state officials are granted right of entry to conduct necessary inspections. **I understand that I am solely responsible for the proper identification and labeling of all property lines and making the site accessible for this evaluation.**

Property Owner/Legal Representatives Signature

Todd Yates

Date 2-23-00