IREDELL COUNTY HEALTH DEPARTMENT

Const. Auth. STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 25768 DATE May 20 '97 TAX MAP NO. part of 2CA3 4625 47 6060 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR ~~Carolina Resources Inc~~ MH Homes PHONE: Business _____ Home _____

ADDRESS PO Box 1003, Charlotte

LOCATION Brawley Sch Rd. TR Bay Harbour TL Lake Mist AT END

SUBDIVISION The Harbour BLOCK / SECTION 4 LOT 21 LOT AREA > 20,000 ft² SITE CLASS. RS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 4/21/98

Pump Tank: 1000 Gallons; PT 29 Date 5/21/98

Pump Make: HYDROMATIC Model SHEF50M Serial No. 5/98

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines ~~6@67'~~ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: pm Chambered

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: ~~1 @ 50' x 3'~~ AWS 4/29/98

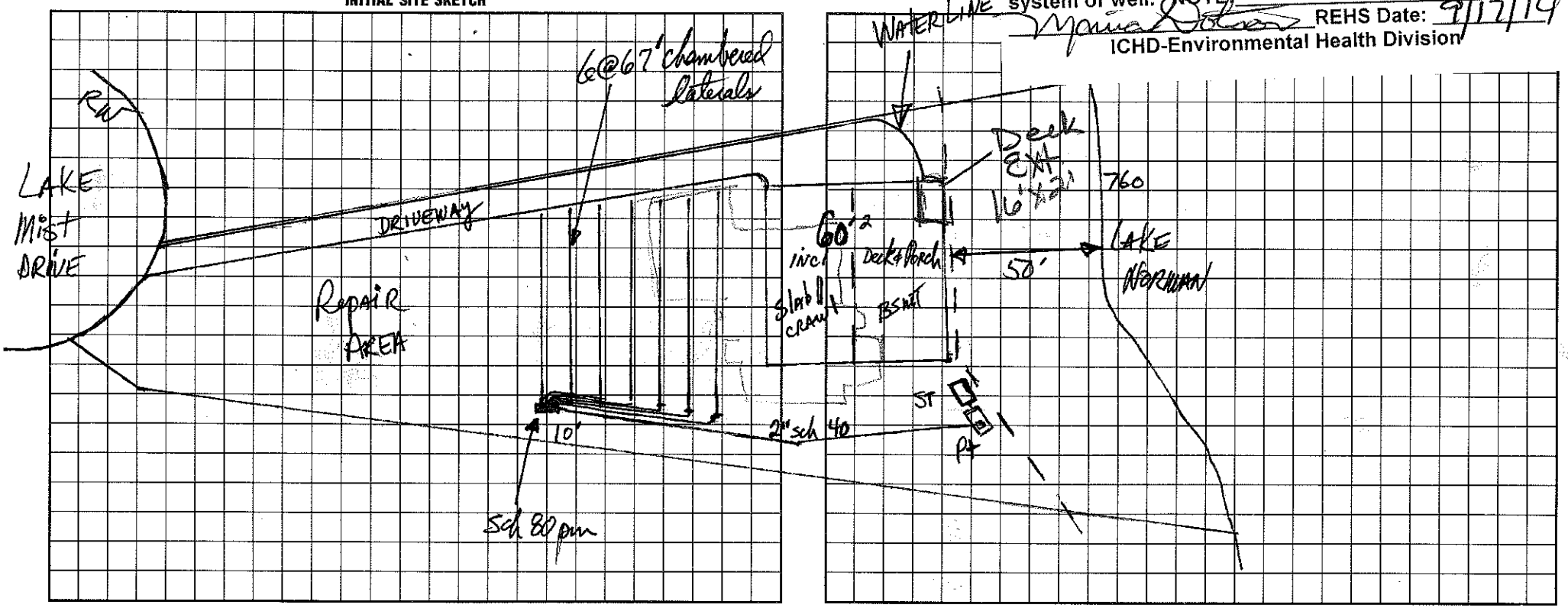
Comments: PARTIAL

Location of the proposed Deck addition does not appear to impact the existing on-site septic system or well.**NOTE:

Monica Dotson REHS Date: 9/17/14

ICHD-Environmental Health Division

INITIAL SITE 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 is valid for 60 months from date of issuance.

Signed: X _____

Improvement Permit by: _____ date 5-20-97

~~Existing System Inspection by~~ Construction Authorization by: _____ date 2/23/98

Installed by: Macleod

Certificate of Completion by: _____ date 7/14/98

Operation Permit by: _____ date 7/14/98

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