4625 48 5909

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 21846 DATE 8/27/95 TAX MAP NO. 2F 12A 38 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR M I Homes PHONE: Business 376-9800 Home

ADDRESS 1043 E. Morehead St. Suit 105 Char. NC. 28204

LOCATION Sunrise Circle - Brawley TR Bay Harbour TL Lake Mist (R) Sunrise Cir, straight .1 mile on (R)

SUBDIVISION Harbour BLOCK / SECTION 1 LOT 38 LOT AREA .66Ac SITE CLASS. P5 DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 1250 Gallons; STB 797 Date 4/24/96 [X] New System [ ] Repair System Type: I, II, III, (IV) V, VI

Pump Tank: 1000 Gallons; PT 27 Date 4/15/96 System Description: Pres Panel

Pump Make: Liberty Model LE51A Serial No. 3806 Repair System Description: Pres Panel

Nitrification Field: No Fields 1 Square Feet 1371 Linear Feet ~~240~~ (457) Maintenance Agreement Required: [X] Yes [ ] No

No Lines 4 Trench Width 24" Max Trench Bottom Depth 32" Gravel Depth 6" STONE [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 3.5

[ ] Business No. Employees

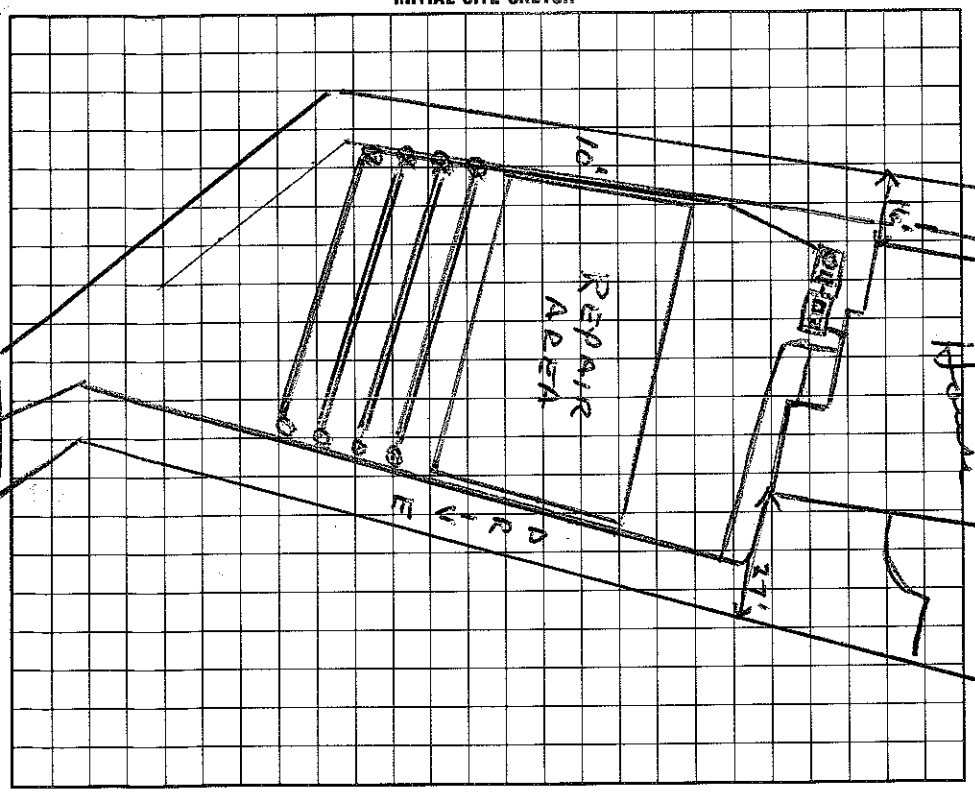
[X] Other Garbage Disposal

Water Supply: [ ] Individual [X] Community [ ] Public

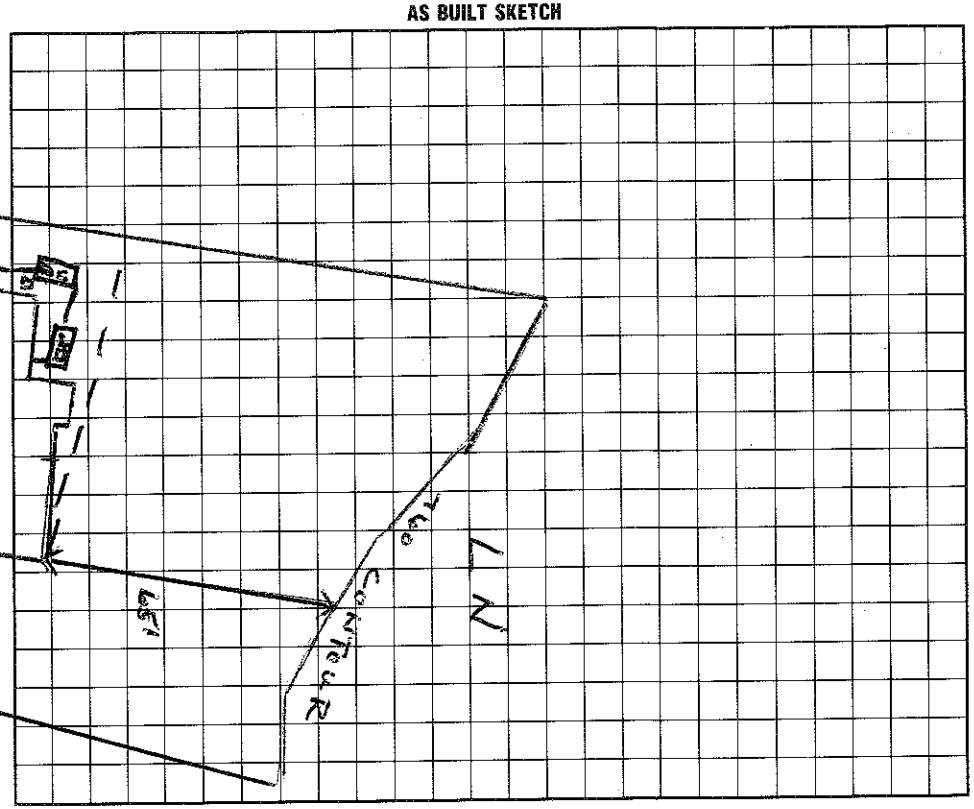
Comments: ~~X~~ 16" Prefab. Panel Blocks - Pres Dosed
3/16" hole / panel at 12:00 position
5:5 Panels. 32 GPM Pump Min. 150 Gals per dose
~7" drawdown

Comments:
4/18/96 No changes authorized, to be installed as shown - ALDS.
Installed as shown

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.

Signed: Marvin O. Amos

Improvement Permit by: Wesley Sparks RS. date 8/27/95

Existing System Inspection by: _____ date _____

Installed by: R L MacHead

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS. date 9/20/96

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