IREDELL COUNTY HEALTH DEPARTMENT

AUTHORIZATION TO CONSTRUCT

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

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

PROPERTY DESCRIPTION NO. 069450 DATE 10/27/97 TAX MAP NO. 4625572463 4625-57-2483 Watershed: ☐ ~~Yes~~ ☐ No

OWNER OR CONTRACTOR JOHN INGELAND PHONE: Business 663-6905 T. JACOBS Home

ADDRESS 8325-D ARROWRIDGE BLVD. CHARLOTTE NC

LOCATION @ BRAWLEY SCHOOL - TR BAY HARBOUR - TL LAKE MIST - CORNER OF STORMY POINTE LN

SUBDIVISION HARBOUR BLOCK / SECTION 4 LOT 1 LOT AREA — SITE CLASS. RS DESIGN FLOW 480GPD T.A.R. .3 GAD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 9/8/98

Pump Tank: 1000 Gallons; PT 27 Date 10/9/98

Pump Make: HYDROMATIC Model SHEEFSOAL Serial No. 10/98

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

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PUMP CHAMBERED OR HDS

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees —

☐ Other —

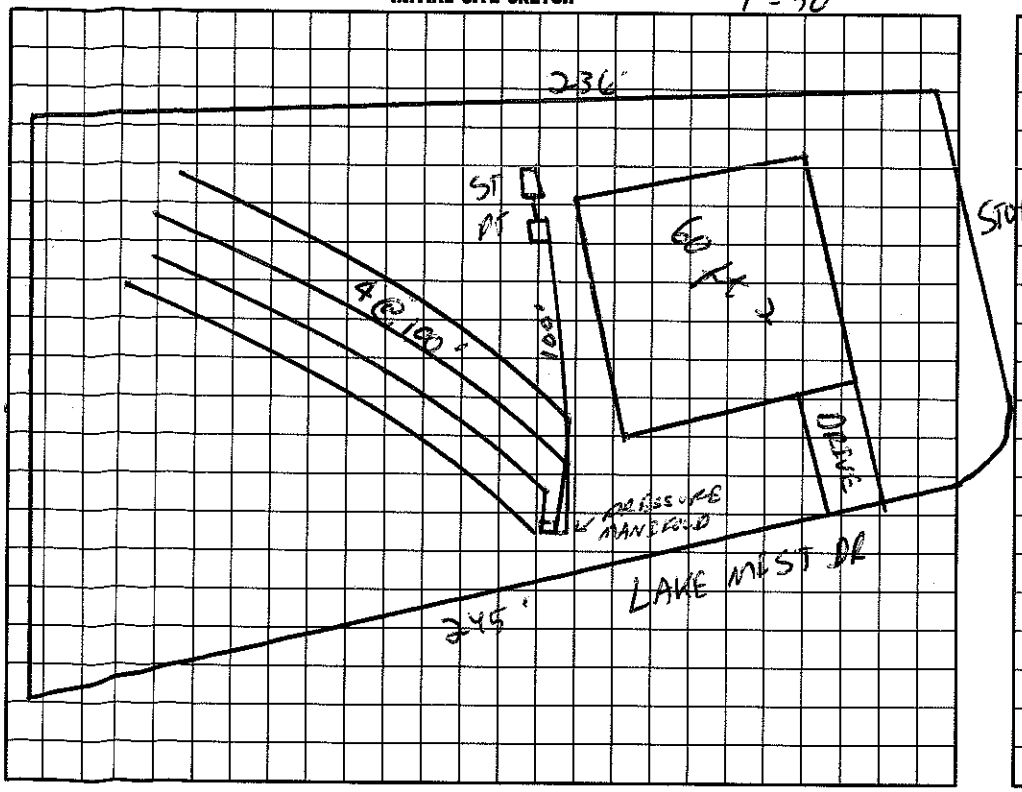
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

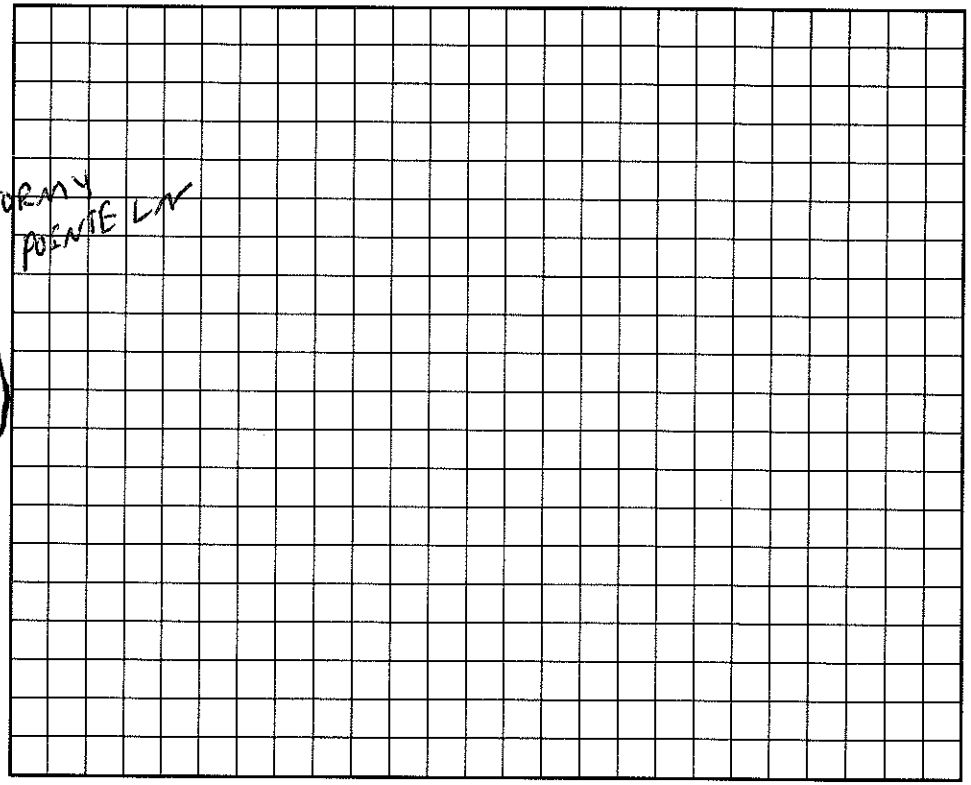
Comments: MAY OR BE A GRAVITY SYSTEM IF LOT IS NOT GRADED, HOUSE IS POSITIONED CORRECTLY, PLUMBING IS STUBBED CORRECT, AND INSTALLER CAN SHOW PROOF THAT GRAVITY CAN BE ACHIEVED.

Comments:

INITIAL SITE SKETCH 1"=50'



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 is valid for ~~60~~ months from date of issuance.

Signed: Ronald G. Ingeland

Improvement Permit by: C. Buck Freeman RS date 10/27/97

AUTHORIZATION TO ~~Existing System Inspection by:~~ C. Buck Freeman RS date 10/27/97

Installed by: Macleod Const. Co.

Certificate of Completion by: — date —

Operation Permit by: Wesley Sparks RS date 1/13/99

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