IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 24834 PIN# 2C-A-3 pt 4625-57-5587 DATE 3/16/98

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

ADDRESS 8325 ARROWROOT BLVD. CHARLOTTE NC 28273 IVY HOLLOW LN.

LOCATION BRAWLEY SCHOOL - TR BAY HARBOUR - TL LAKE MIST - TL BEABREEZE - 4TH ON RT

SUBDIVISION HARBOUR BLOCK / SECTION II LOT 36 LOT AREA 22,303 SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .30GPD/FT

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 533 Linear Feet 270

No Lines 6 @ 45' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

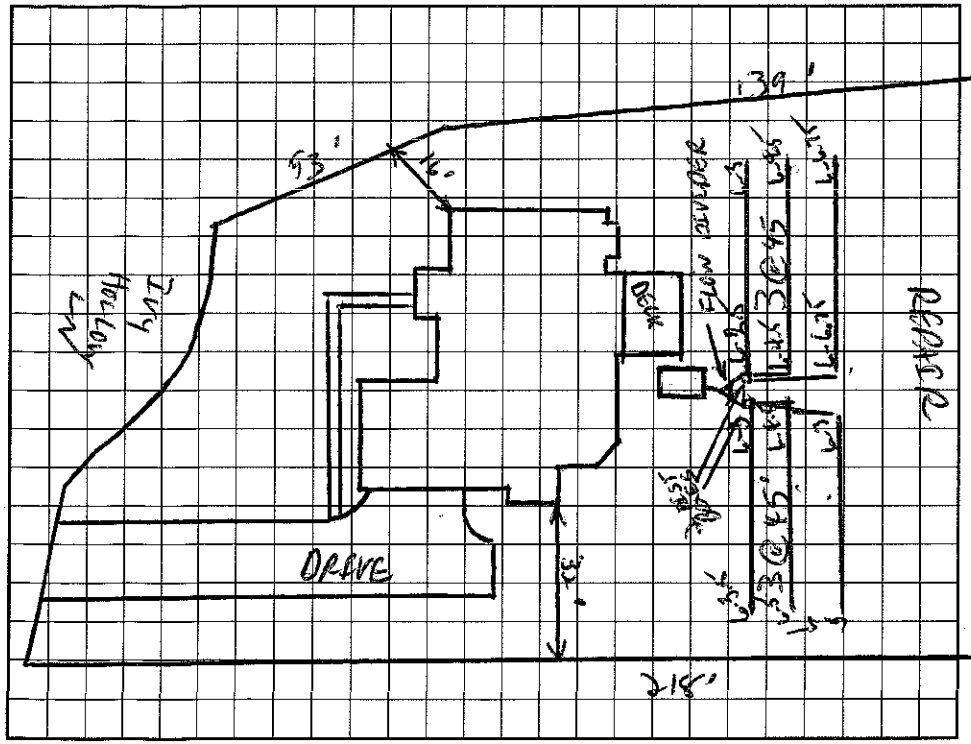
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

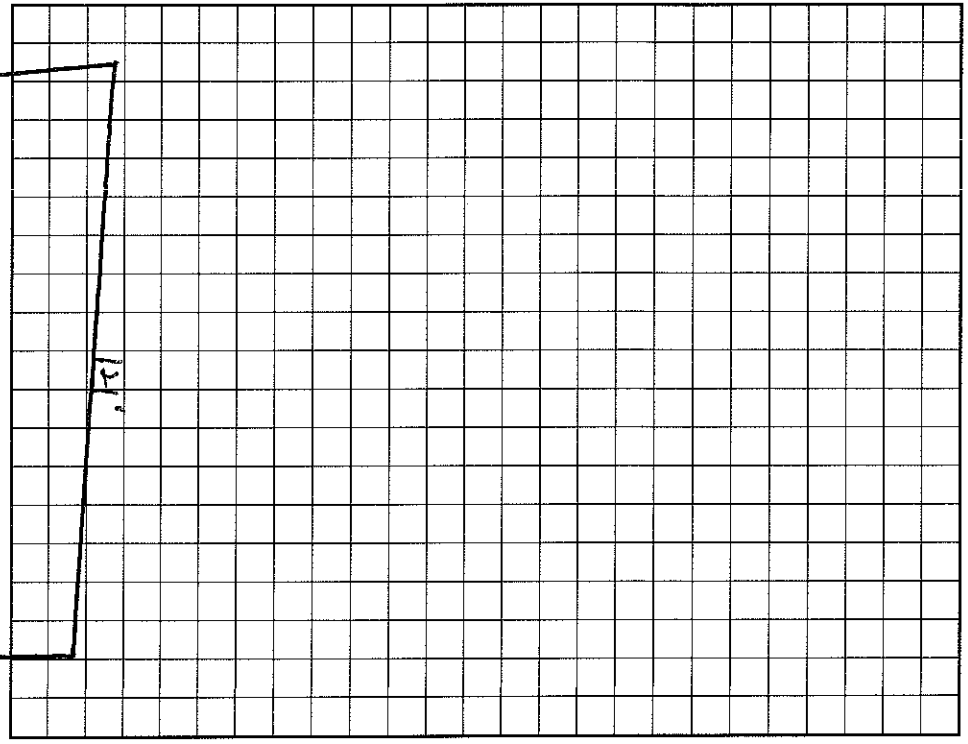
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH 1"=40'



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 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: Joe Hall date ____ Installed by: Macleod Const.

Improvement Permit by: C. [illegible] RS date 3/16/98 Operation Permit by: [illegible] RS. date 8/12/98

Authorization to Construct by: C. [illegible] RS date 3/16/98 Existing System Inspection by: ____ date ____

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