# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 70 281

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

PERMIT# 21681 PIN# ~~pt of ICA3~~ 4625578666 DATE 12/17/98

OWNER OR CONTRACTOR John Wieland PHONE: Business 663-6905 Home

ADDRESS 8325 Arrowridge Blvd. Charlotte, NC 28273

LOCATION 1100 TR Bay Harbour TL Lake Mist TL Sleepy Hollow Lane

SUBDIVISION Harbour BLOCK / SECTION 2 LOT 23 LOT AREA .669 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 10/24/98

Pump Tank: 1000 Gallons; PT 27 Date 9/30/98

Pump Make: Model SK50A1 Serial No. 11/3/98

Nitrification Field: No Fields 1 Square Feet 795* Linear Feet 265*

No Lines 7 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND.

☒ New System ☐ Repair System Type: I, II, III, (IV), V, VI

System Description: Type IV - 16" PPBS

Repair System Description: Easement area 23 A

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

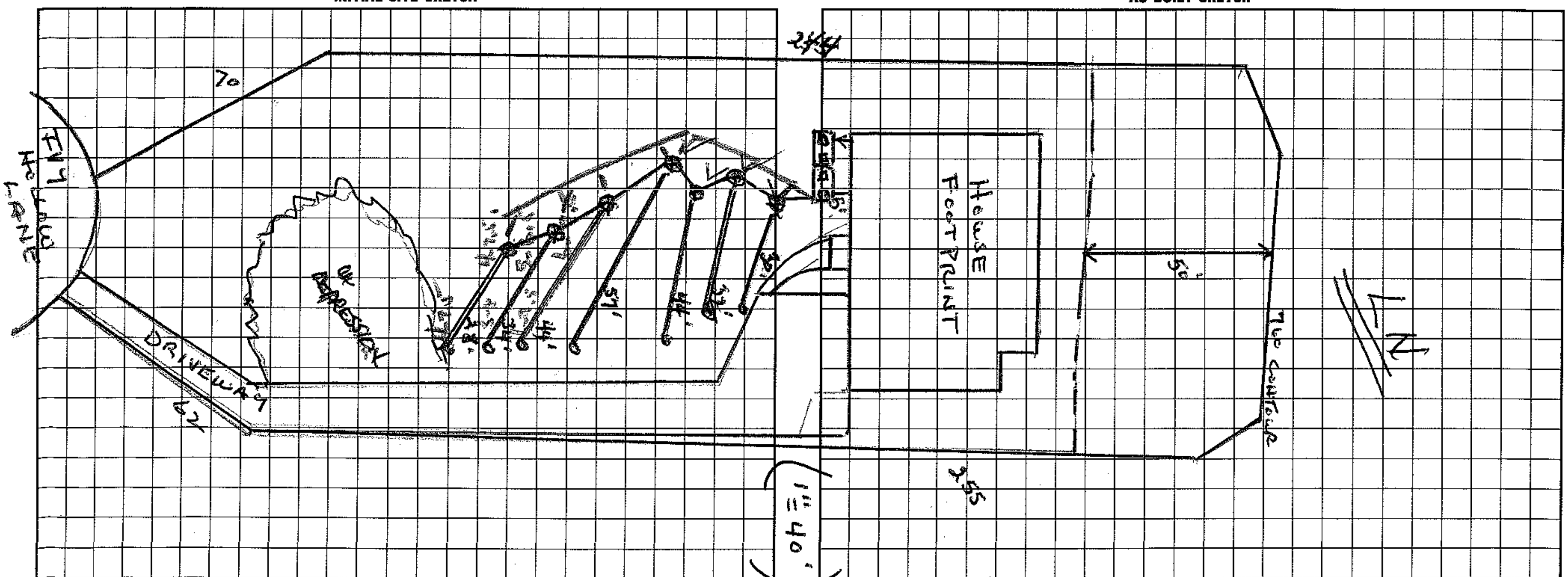
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions: Change to Type IV 16" PPBS Due to house location and moving driveway to opposite side of lot.

Comments:/Conditions:

**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. 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: * [signature] Agent date 12/18/98

Improvement Permit by: date

Authorization to Construct by: Wesley Sparks R.S. date 12/17/98

Installed by: MacLeod

Operation Permit by: Wesley Sparks RS date 1/6/99

Existing System Inspection by: ~~[signature]~~ date

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