IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct 4625 58 7322

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

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

PROPERTY DESCRIPTION NO. 24826 DATE 12/9/97 TAX MAP NO. 2C A - 3 Ptof. Watershed: [X] Yes [ ] No

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

ADDRESS 8325 Arrowridge Blvd. Charlotte, NC.

LOCATION Chinook Lane, 1100 TR Bay Harbour TL Lake Mist Rd. TL Chinook Lane

SUBDIVISION HARBOUR BLOCK / SECTION TT LOT 9 LOT AREA ~ 22,000 FT² SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 794 Date 3/13/98

Pump Tank: 1500 Gallons; PT 27 Date 3/2/98

Pump Make: HYDRO Model SHEF 50A1 Serial No. 5186730808-9

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet ~~210~~

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND.

[X] New System [ ] Repair System Type: I, II, III, [IV], V, VI

System Description: 16" APBS - pres Distribution

Repair System Description: Same

Maintenance Agreement Required: [X] Yes [ ] No

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

[ ] Mobile Home No. Bathrooms 4

[ ] Business No. Employees

[ ] Other

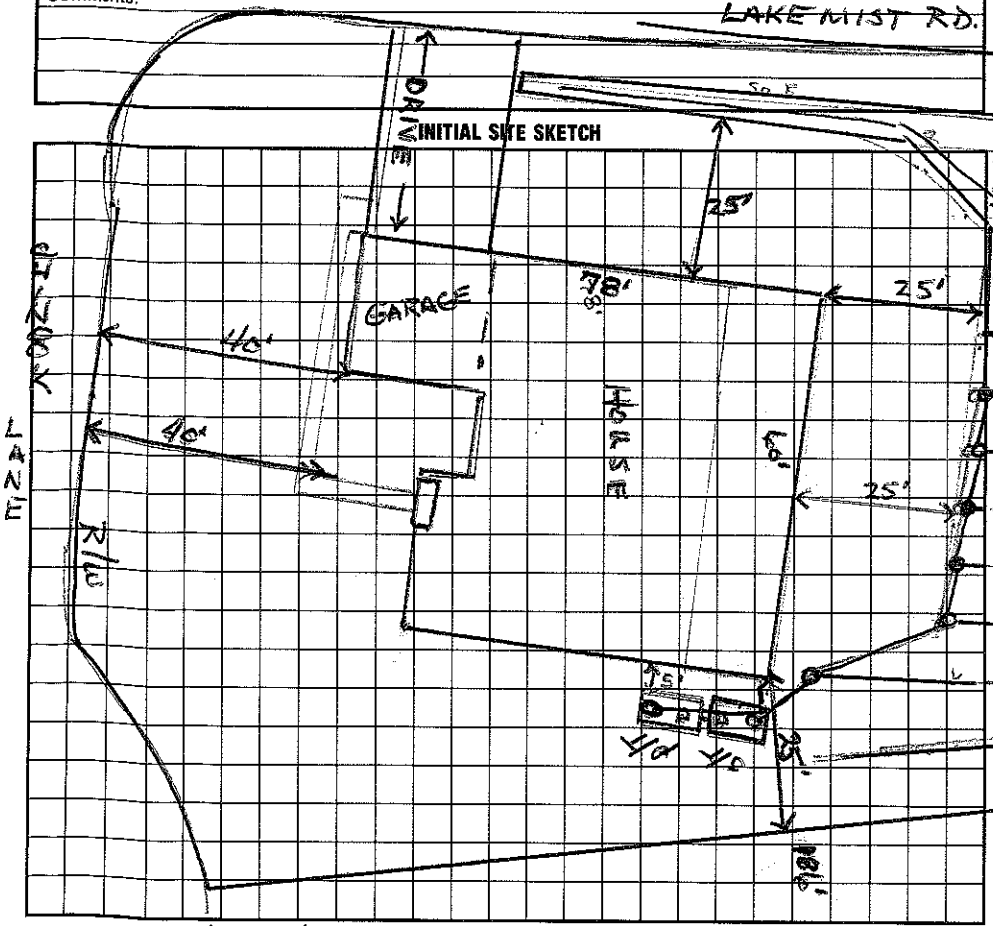
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments: LAKE MIST RD.

Comments: 8" DRAWDOWN

INITIAL SITE SKETCH



AS BUILT SKETCH

(1) HOUSE SIZE INCREASED

(2) BASEMENT ADDED

(3) FOOTINGS DUG WITHOUT PRIOR H.D. APPROVAL - FORCED SYSTEM TYPE UP TO TYPE 4

NOTE: NO CHANGES MAY BE MADE ON THIS PERMIT - INSTALL AS DRAWN ONLY!!

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: Wesley Sparks RS. date 12/9/97

Existing System Inspection by: ~~Wesley Sparks RS.~~ date

Installed by: M's Lead

Certificate of Completion by: Wesley Sparks RS. date 6/8/98

Operation Permit by: Wesley Sparks RS. date 6/8/98

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