IREDELL COUNTY HEALTH DEPARTMENT

AUTH. TO CONSTRUCT

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

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

PROPERTY DESCRIPTION NO. 24429 DATE 9/23/96 TAX MAP NO. 2-A-3 PT Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR JOHN WIELAND HOMES ~~PHONE: Business~~ 4625-58-8715 Home

ADDRESS 400 S. TRYON ST CHARLOTTE 28201

LOCATION BRAWLEY SCHOOL RD - TR BAY HARBOUR - TL LAKE MIST - TL CHINOOK LN - 2ND ON RT.

SUBDIVISION HARBOUR BLOCK / SECTION II LOT 15 LOT AREA - SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .36 PD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 9/11/96
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 1200
No Lines 6 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: GRAVITY CHAMBER
Repair System Description: PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

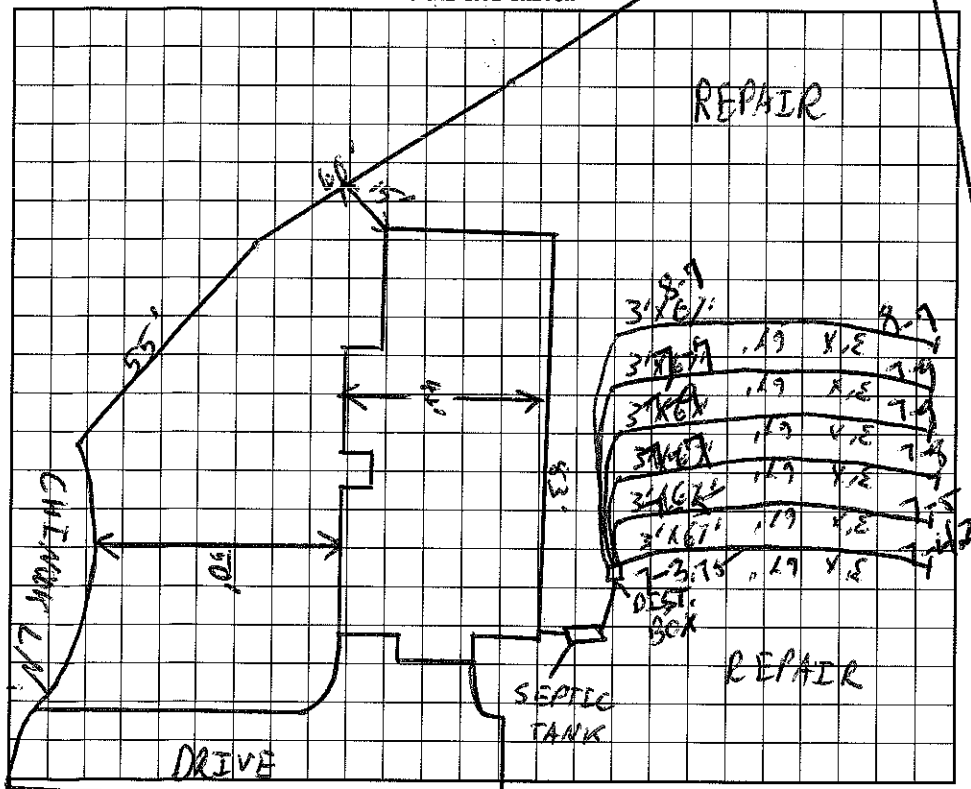
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ Community
☐ Public

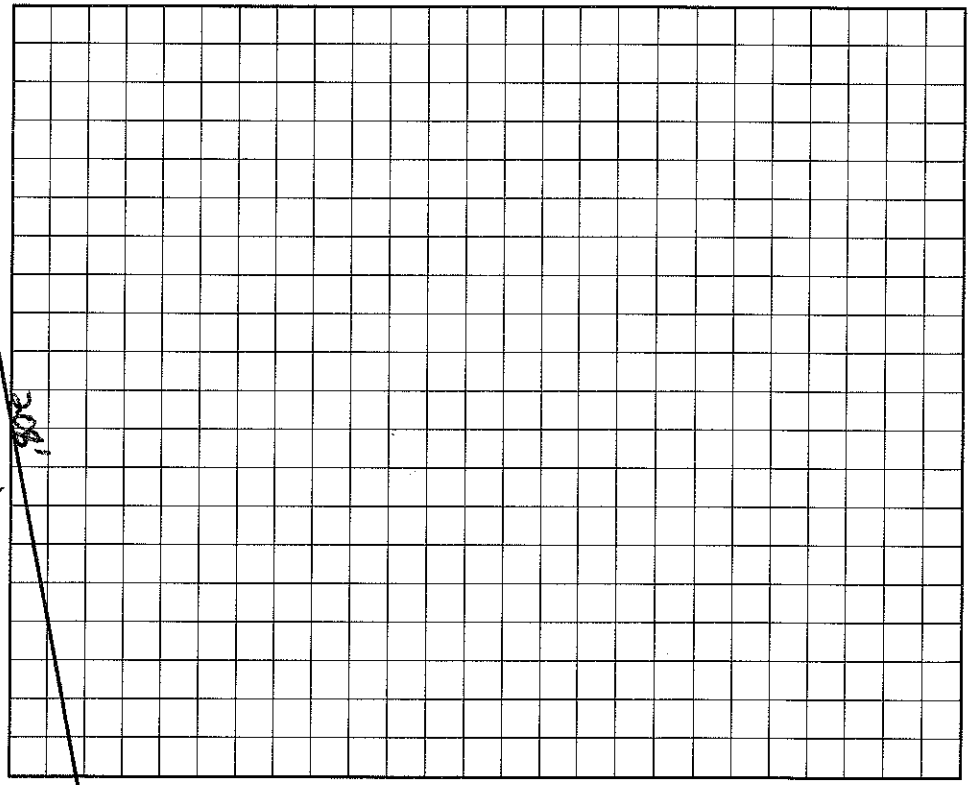
Comments:

Comments:

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: Tony C Jarvis CPSS(B)

Improvement Permit by: C. Bryan Thomas EHSE date 9/23/96

AUTH TO CONSTRUCT Existing System Inspection by: C. Bryan Thomas EHSE date 9/23/96

Installed by: Macleod Const.

Certificate of Completion by: Wesley Sparks R.S. date 3/26/97

Operation Permit by: Wesley Sparks R.S. date 3/26/97

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