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. 24531 DATE 8/21/96 TAX MAP NO. 2C-A-3 PT OF 4625589357 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR JOHN WIELAND HOMES PHONE: Business 525 6024 Home

ADDRESS 400 S TRYON ST CHARLOTTE NC 28201

LOCATION BRAWLEY SCHOOL RD - TR BAY HARBOUR - TL LAKE MIST - TL IVY WAY LANE - LOT OFF LEFT OF Cul-de-Sac

SUBDIVISION HARBOUR BLOCK / SECTION II LOT 10 LOT AREA — SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .36 PD/FT²

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 420

No Lines 7 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

Repair System Description: PUMP CHAMBERED

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 3 No. Employees

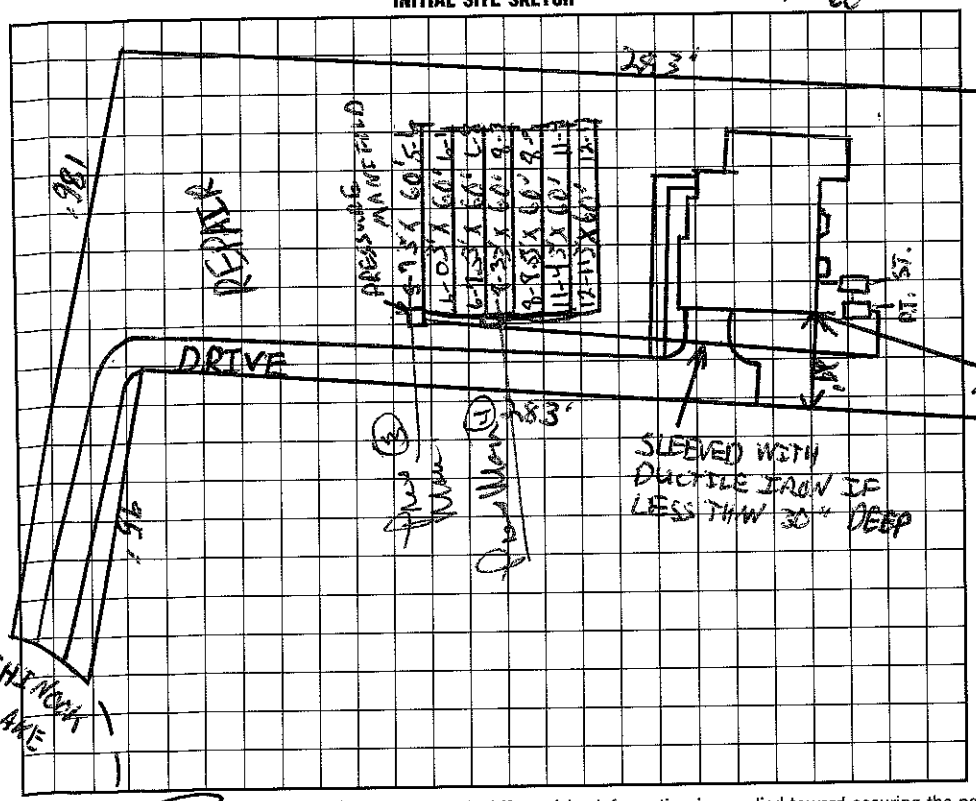
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

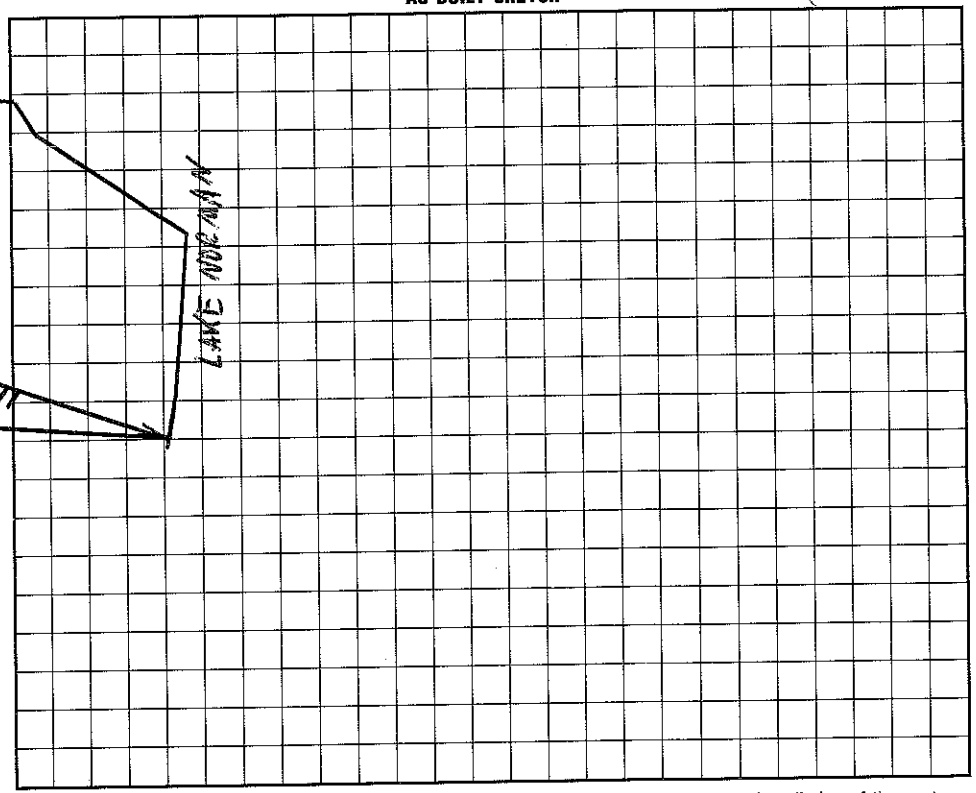
Comments:

Comments:

INITIAL SITE SKETCH 1"=60'



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: Ralph Pruitt

Improvement Permit by: C. Ray Freeman EHST date 8/21/96

AUTH. TO CONSTRUCT Existing System Inspection by: C. Ray Freeman EHST date 8/21/96

Installed by: McCord

Certificate of Completion by: date

Operation Permit by: C. Ray Freeman date 7/25/97

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