IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 18993 DATE April 18, 95 TAX MAP NO. part of 2CA3 4625 59 4307 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR MI Homes PHONE: Business _____ Home _____ WSIV

ADDRESS _____

LOCATION 1100 TR Bay Harbour TL Lake Mist TR Sunrise Circle on left

SUBDIVISION The Harbour BLOCK / SECTION _____ LOT 25/25A LOT AREA _____ SITE CLASS. PSept1996 DESIGN FLOW 3bCrawl L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 8/4/95

Pump Tank: 1000 Gallons; PT 27 Date 9/28/95

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: pumped conventional

Repair System Description: pumped INF / PBSPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

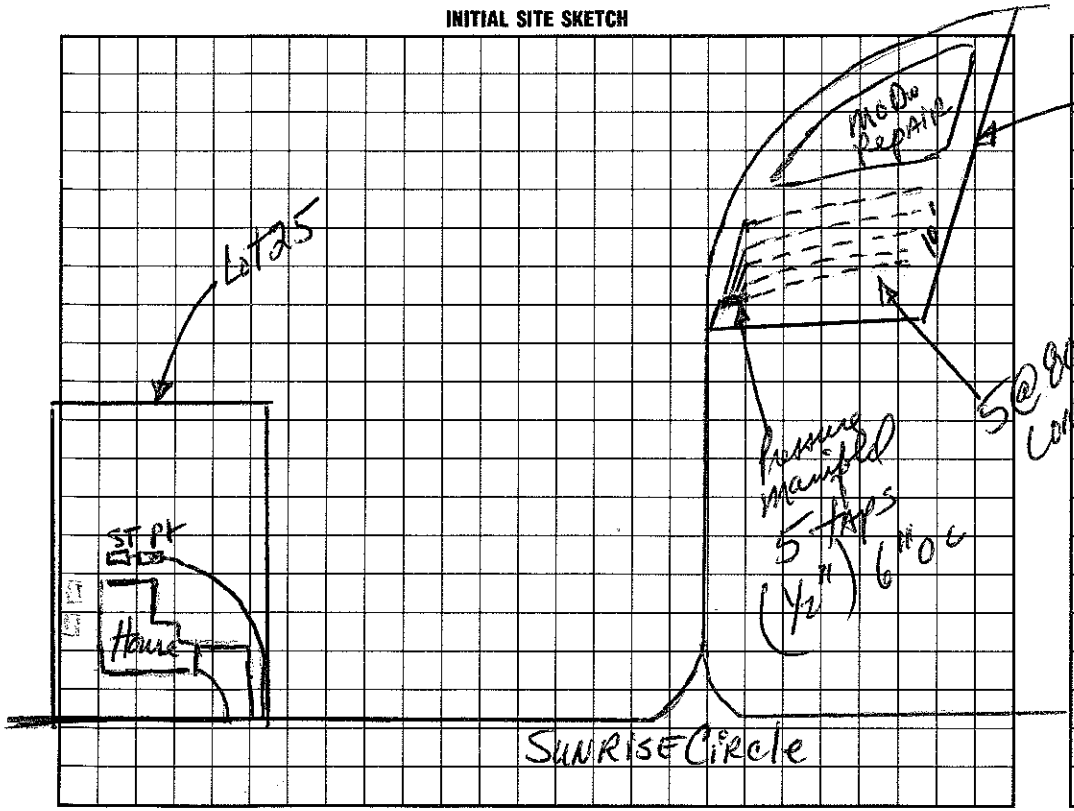
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

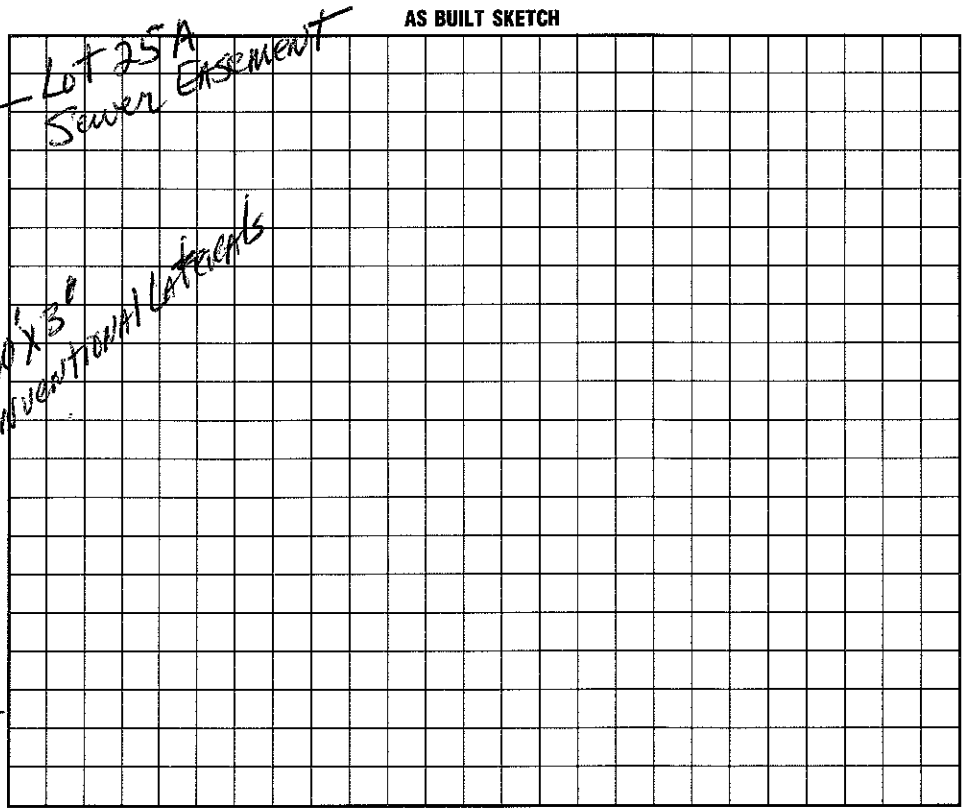
Comments:

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date 4/18/95

Existing System Inspection by: _____ date _____

Installed by: R L Blackwood Const Co.

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 3/11/96

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