IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 077961 PIN# 4625 59 6995 DATE 11/4/99

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

ADDRESS 8325 Arrowridge Rd. Ste D Charlotte, NC. 28273

LOCATION 1100 TR Bay Harbour TL Sandpiper, 5th house on (R)

SUBDIVISION HARBOUR BLOCK / SECTION I LOT 53 LOT AREA .77AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 799 Date 8/30/99
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND.

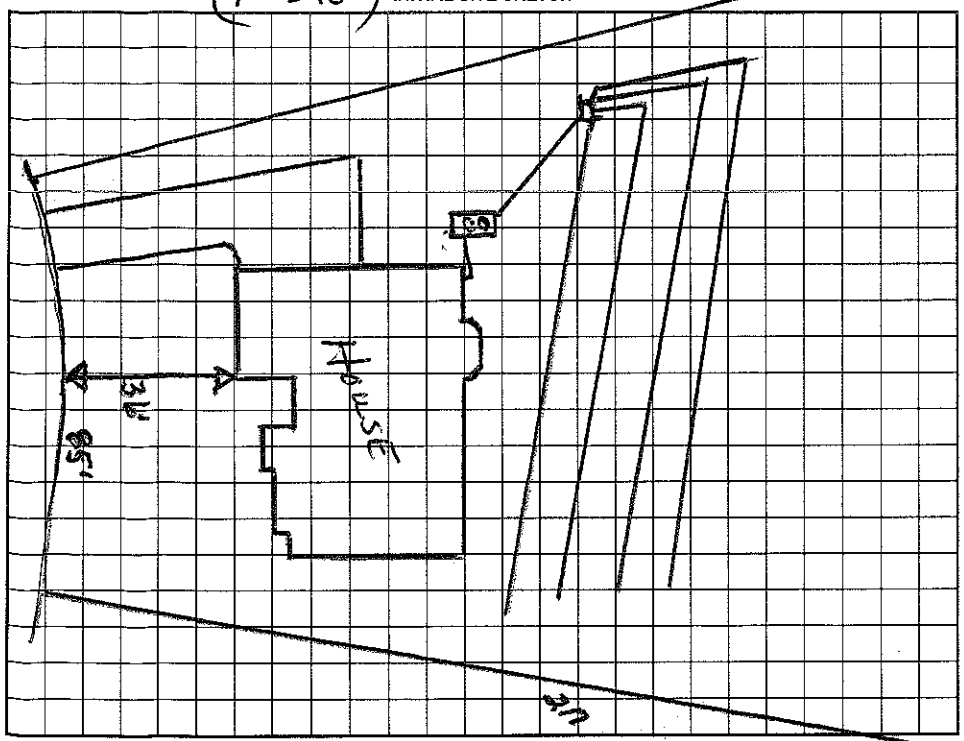
[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI
System Description: GRAV CH. PLASTIC
Repair System Description: SAME
Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 4
[ ] Business No. Employees
[ ] Other
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

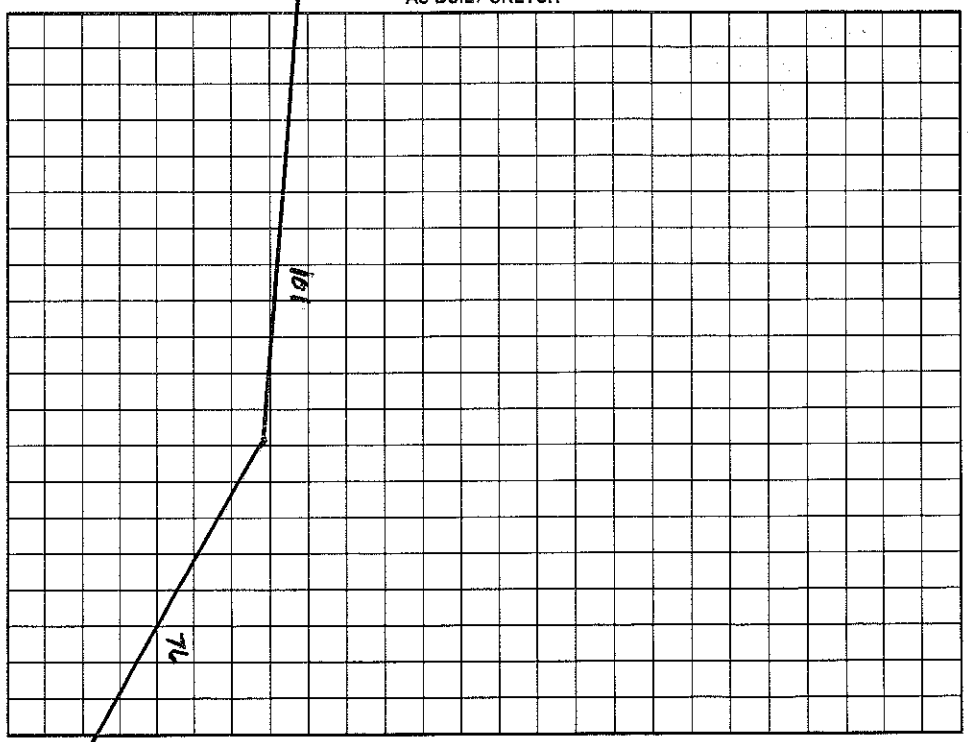
Comments:/Conditions:

(1" = 40') INITIAL SITE SKETCH



Comments:/Conditions:

AS BUILT SKETCH



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: _____ date _____

Improvement Permit by: _____ date _____

Authorized by: _____ date _____

Installed by: [redacted] MacLeod Constr. Co.

Operation Permit by: Wesley Sparks R.S. date 11/4/99

Existing System Inspection by: _____

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-66

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM ION

PERMIT# 077961 PIN# 4625596995 DATE 12, /98

OWNER OR CONTRACTOR JOHN WIELAND HOMES PHONE: Business 663-6405 Home

ADDRESS 8325 ARROWRIDGE BD. STE. D CHARLOTTE NC 28273

LOCATION BRAWLEY SCHOOL TR BAY HARBOR - TL SANDPEBBLE 5TH ON RT

SUBDIVISION HARBOUR BLOCK / SECTION I LOT 53 LOT AREA .77AC SITE CLASS. PS DESIGN FLOW 450 GPD L.T.A.R. .3 GPD/FT²

Septic Tank: 1000 Gallons; STB 312 Date 8/30/99

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 535

No Lines 5@107' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

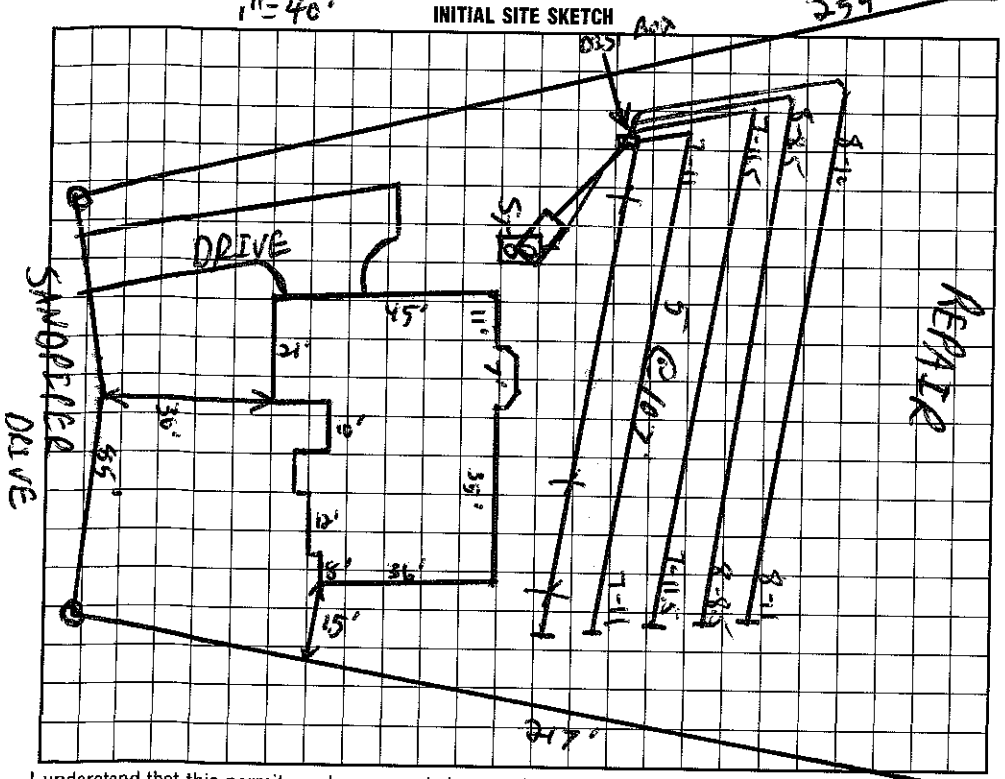
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☑ Community

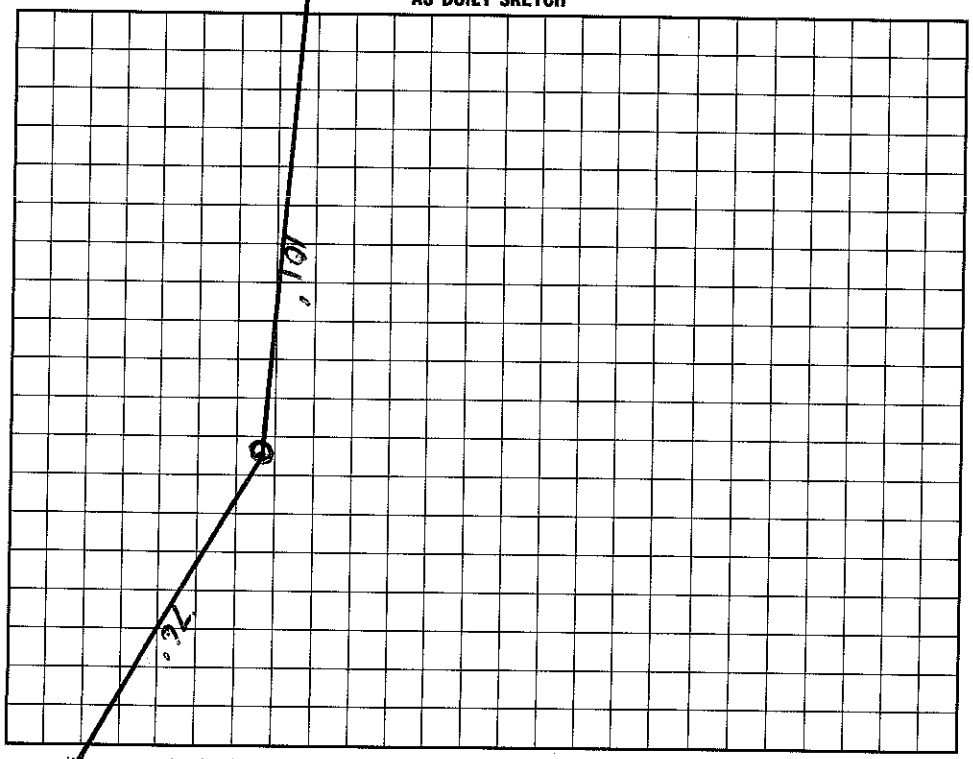
Comments:/Conditions:

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1"=40' INITIAL SITE SKETCH



AS BUILT SKETCH



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Signed: date 12-11-98 Installed by:

Improvement Permit by: C. [illegible] ES date 12/11/98 Operation Permit by: date

Authorization to Construct by: C. [illegible] ES date 12/11/98 Existing System Inspection by: date

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