IREDELL COUNTY HEALTH DEPARTMENT

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

4625 69 1674

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

PROPERTY DESCRIPTION NO. 18388 DATE Oct 24, '95 TAX MAP NO. part of 2CA3 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR John Wieland Homes PHONE: Business _____ Home _____ WS4

ADDRESS _____

LOCATION Brawley Sch Rd TR Bay Harbour, TL LAKEMIST TL BayPort on left

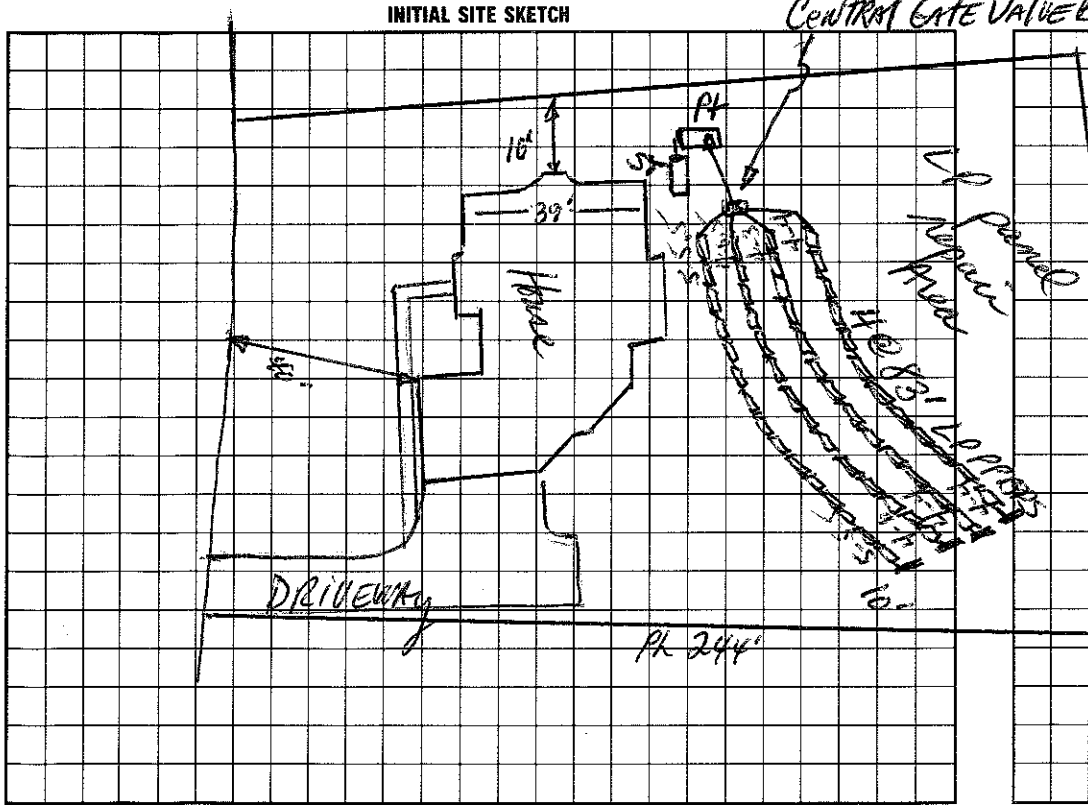
SUBDIVISION The Harbour BLOCK / SECTION 1 LOT 16 LOT AREA 20,000 ft² SITE CLASS. Bper136 DESIGN FLOW 600 gpd L.T.A.R. .03

Septic Tank: 1500 Gallons; STB 777 Date 9/12/95	☑ New System ☐ Repair System Type: I, II, III, ☑ V, VI	☑ House/Mod. Home No. Bedrooms 5	Water Supply:
Pump Tank: 1000 Gallons; PT 777 Date 6/6/95	System Description: LPPBS	☐ Mobile Home No. Bathrooms 4	☐ Individual
Pump Make: _____ Model _____ Serial No. _____	Repair System Description: Same	☐ Business No. Employees _____	☑ Community
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 333	Maintenance Agreement Required: ☑ Yes ☐ No	☐ Other _____	☐ Public
No Lines 4@83' Trench Width 24" Max Trench Bottom Depth ≈30" Gravel Depth N/A	☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing		

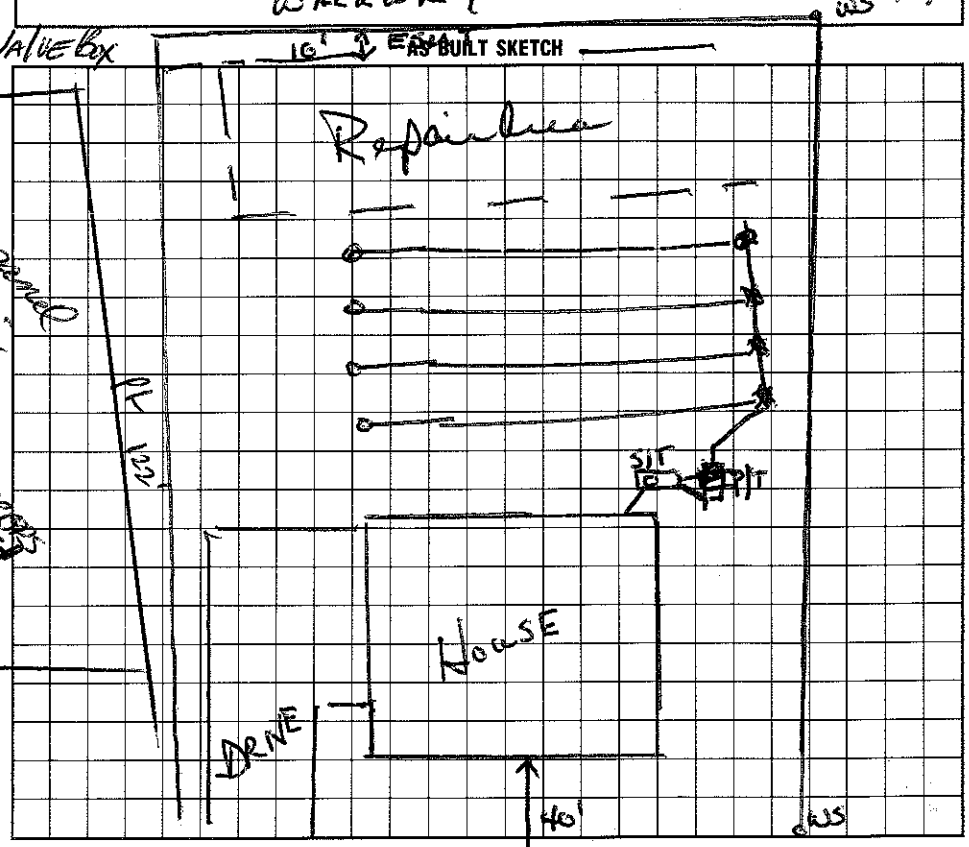
Comments:

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: _____ Installed by: RL MacLeod

Improvement Permit by: _____ date 10/24/95 Certificate of Completion by: _____ date _____

Existing System Inspection by: _____ date 10/24/95 Operation Permit by: Wesley Sparks RS date 6/7/96

Keith to construct

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