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. 21724 DATE 8/22/95 TAX MAP NO. 2F 12A 19 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR John Wieland Homes PHONE: Business 522-9200 Home

ADDRESS 8325 Gunwridge Blvd Chas. NC

LOCATION Bay Point Ln., Bby Harbour, (L) Lake Mist (L) Bay Point, 1st drive on (L)

SUBDIVISION Harbour BLOCK / SECTION 1 LOT 19 LOT AREA 20,000 FT² SITE CLASS. P DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date 4-30

Pump Make: Model Serial No. 506

Nitrification Field: No. Fields 1 Square Feet 1600 Linear Feet X 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI

System Description: INFILTRATOR

Repair System Description: SAME

Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 2.5

[ ] Business No. Employees

[ ] Other

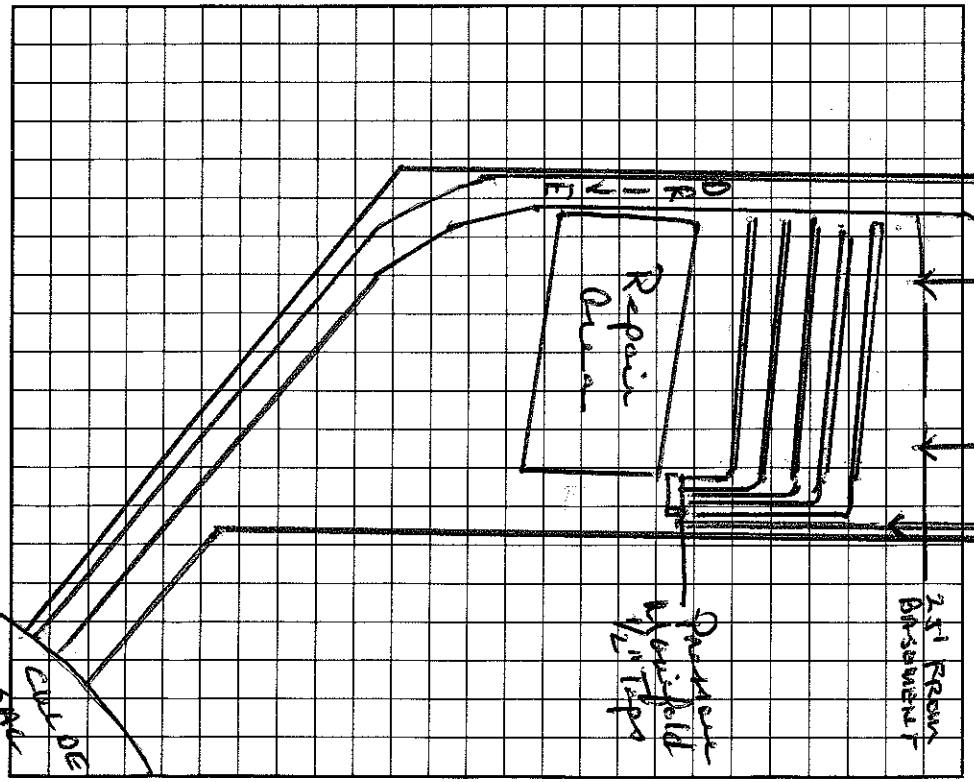
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

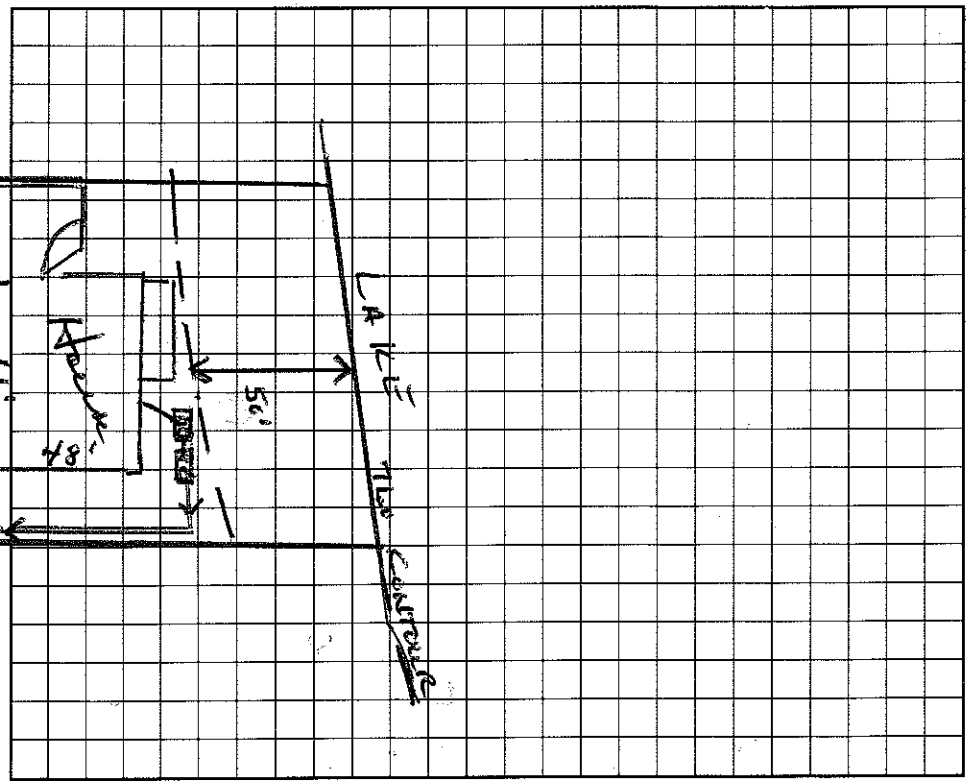
Comments: X INFILTRATOR - PRESSURE MANIFOLD

Comments: Lines & Tank checked on 3/26/96.

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: [signature]

Improvement Permit by: Wesley Sparks RS. date 8/22/95

Existing System Inspection by: date

Installed by:

Certificate of Completion by: date

Operation Permit by: date

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