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IREDELL COUNTY HEALTH DEPARTMENT

1497

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR David A. Hines DATE Jan 28, '93 PERMIT NO. 2L2A407

PHONE: Business _____ Home _____

LOCATION 1100 TR 1145 TR 1457 (High) TR 1st Street on right ~500'

S.R. No. _____

SUBDIVISION NAME Crescent / Lake Norman LOT NO. 407 SECTION OR BLOCK NO. 8

House ☑ Mobile Home ☐ Business ☐ Other Upgrading Ex 2 bedroom sys. to 3 bedroom cap

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash Machine Acess Rd. Yes ☑ No ☐

Lot Area Existing prior to 1997

Soil Characteristics Shallow sandy clay to hard saprolite

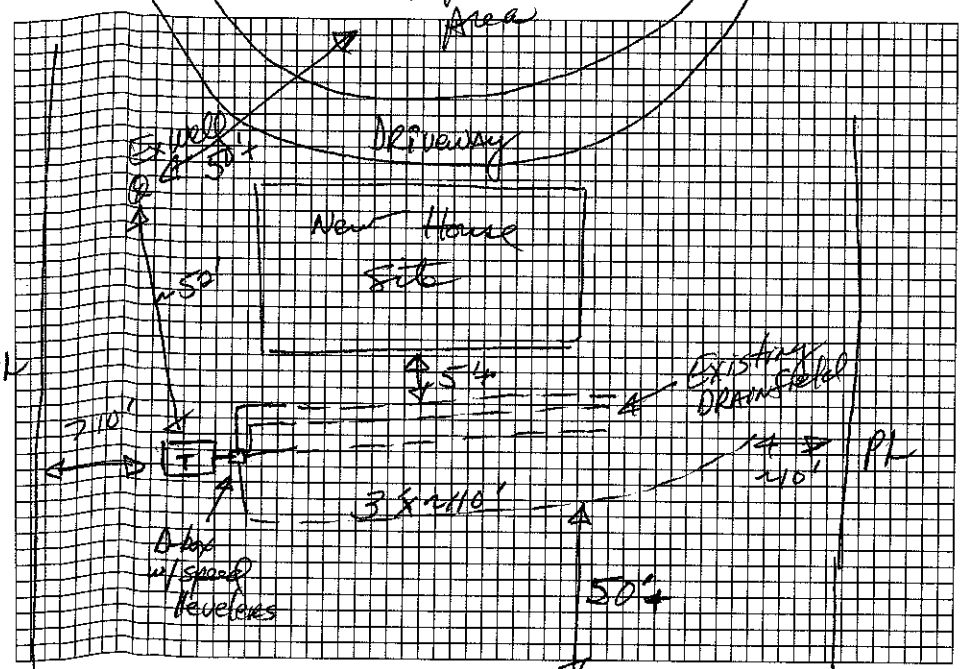
Application Rate ~.3

Topography 8-10%

Depth to Water Table unk.

Rock or other impervious formations weathered rock scattered >30"

_____ Basement with Plumbing LPP Repair Area _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines Existing + 1 new

Sq. Ft. 330 Linear Ft. 110

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Orbison

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY ~~DRA~~ LAKE

COMMENTS House not constructed as of this date

CERTIFICATE OF COMPLETION BY DR Hinson, RS DATE 1/28/93

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

14947

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR David A. Hines DATE Sept. 9, '92 PERMIT NO. 2L2A401

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1457 (High) TR 1st gravel street go straight 1st M.H. on right

SUBDIVISION NAME Crescent / Lake Norman LOT NO. 407 SECTION OR BLOCK NO. 8 S.R. No. _____

House ☑ Mobile Home ☐ Business ☐ Other replacing SW M.H. with either modular or custom built Home, Upgrading Septic System from 2 bedroom to 3 bedroom CAP.

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics Shallow clay to sap!

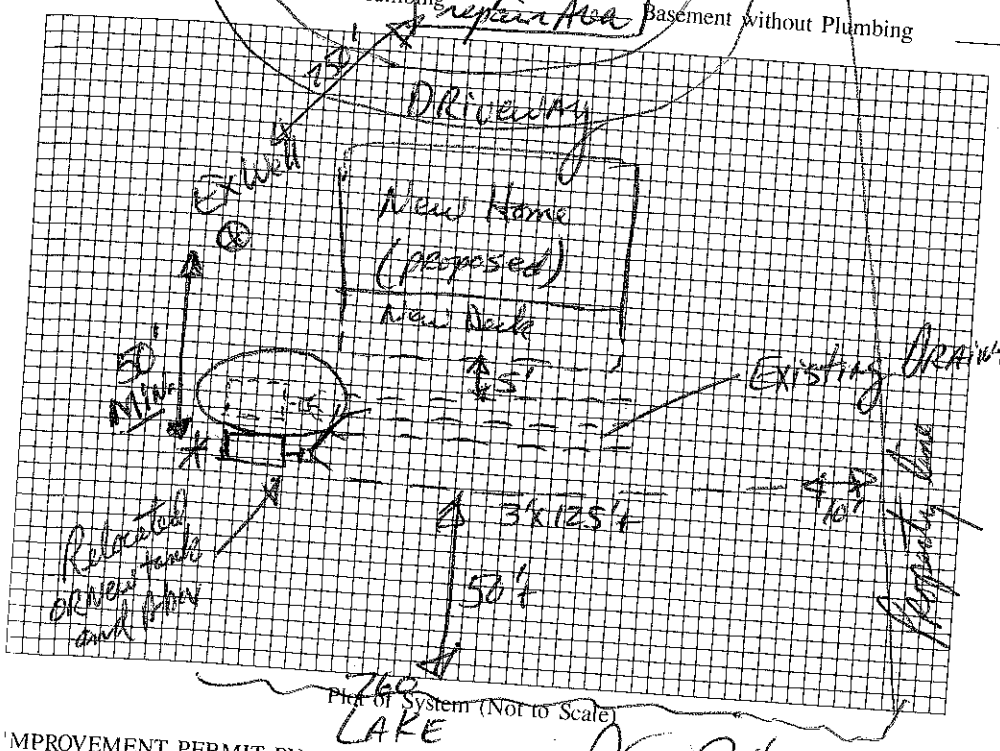
Application Rate .2 or .3

Topography ~~Flat~~ 8-10%

Depth to Water Table > 4'

Rock or other impervious formations Sad weathered rock 30-36"+

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank ~~X~~ 1000 Gals.

Nitrification Field: Existing plus 1 New line

No. of Lines _____

Sq. Ft. 375 ± Linear Ft. 125 ±

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Ex. Public ☐

Installed by _____

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: David A. Hines

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY David R. Hinson, RS

COMMENTS Existing tank, 1 box and first few feet of existing drainfield to be removed and relocated or replaced in order to obtain 50' minimum from existing well. New or relocated tank to be placed shallow enough to allow 18" to 24" trench bottom depth on new 3 x 125' ± trench.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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