14563

IREDELL COUNTY HEALTH DEPARTMENT

4635-09-9819

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Clingraham Homes DATE July 21, '92 PERMIT NO. 2623A16

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 TR North Shore on left 4th from end

S.R. No. _____

SUBDIVISION NAME North Shore at Pine Lake LOT NO. 16 SECTION OR BLOCK NO. 1

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area > 20,000 ft²

Soil Characteristics PS clay

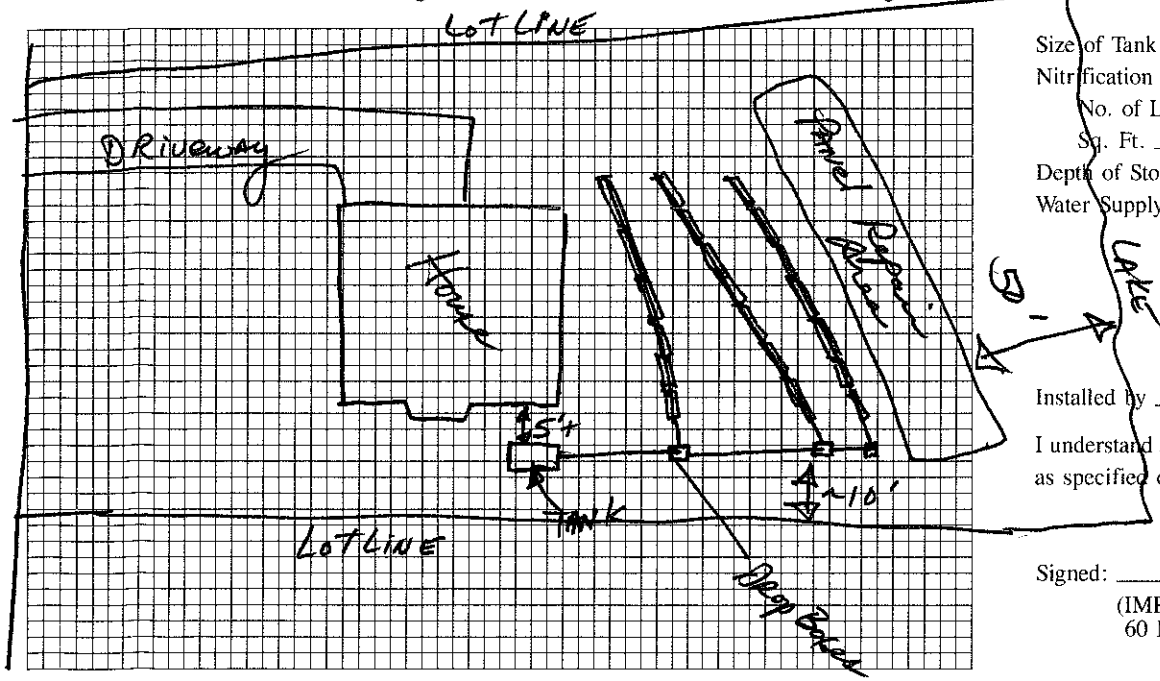
Application Rate .3 gal/ft²/day

Topography 6-10%

Depth to Water Table > 4'

Rock or other impervious formations none obs.

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



Plot of System (Not to Scale)

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft 210' of 16" pipe

Depth of Stone in Lines 16"

Water Supply: Individual ☐ gravity flow

Public ☑ CW

Installed by Featherman Lincolnton.

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 AWS

COMMENTS Verbal approval for use of drop box had been given by AW Sparks prior to installation of system.

CERTIFICATE OF COMPLETION BY DR Hinson, RS. DATE 7/21/92

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

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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR RI Homes DATE 5/6/92 PERMIT NO. 26-23-A-16

PHONE: Business _____ Home 704-342-0866

LOCATION East side of Pine Rd; TR into North Shore straight to lot 16

S.R. No. _____

SUBDIVISION NAME North Shore LOT NO. 16 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20,000

Soil Characteristics P - C TRANSITION

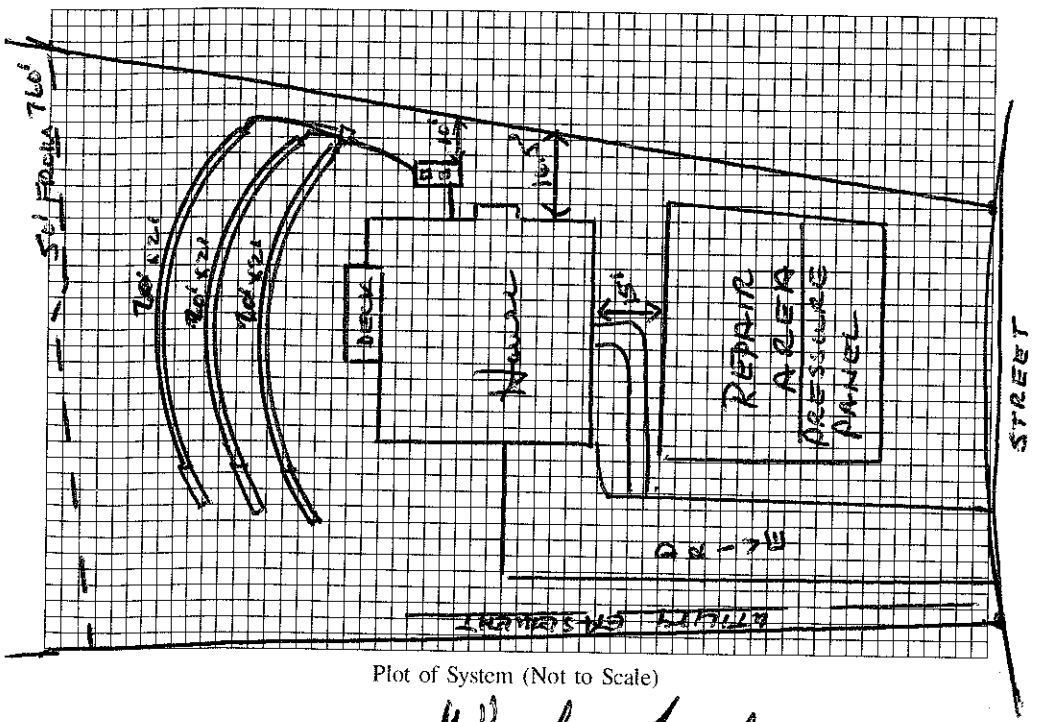
Application Rate P - .25 (S - SP -)

Topography P - 4-7%

Depth to Water Table S - >48"

Rock or other impervious formations S None observed

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



Plot of System (Not to Scale)

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3 @ 70' x 2'

Sq. Ft. _____ Linear Ft. 210

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☐ Public ☑ comm system

Installed by _____

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 Wesley Sparks RS.

COMMENTS Trenches on slope contour in direction shown. Must be 50' from 760' contour line on lakefront side. Repair area as shown here.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

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