13790

# IREDELL COUNTY HEALTH DEPARTMENT

4635-19-0717

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Ingraham Homes DATE March 25, '92 PERMIT NO. 2G-23-A-15

PHONE: Business _____ Home _____

LOCATION 1100 to 1113 TR into North Shore on left near end S.R. No. _____

SUBDIVISION NAME North Shore @ Pine Lake LOT NO. 15 SECTION OR BLOCK NO. 1

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 3/4 Ac

Soil Characteristics ps clay

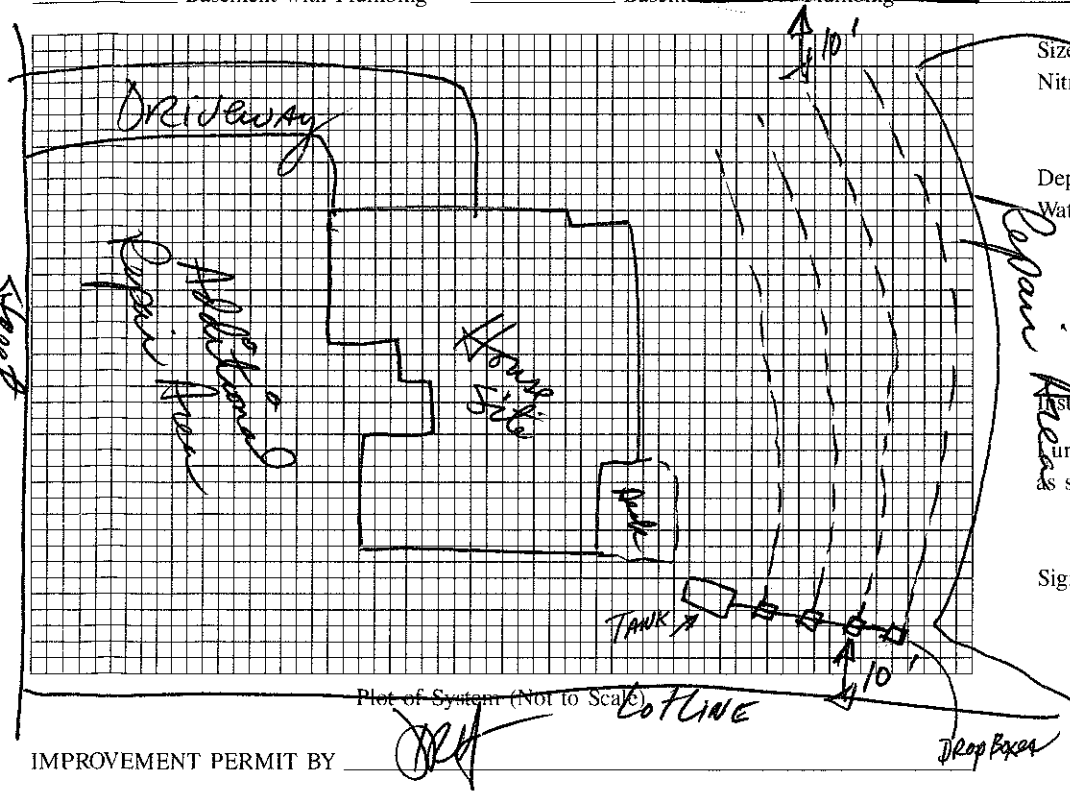
Application Rate ~.35

Topography ~ 4%

Depth to Water Table > 41'

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 4

Sq. Ft. 1380 Linear Ft. 460

Depth of Stone in Lines 12" +

Water Supply: Individual ☐ Public ☑

Installed by Leatherman

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 _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY Johnson, RS. DATE 3/25/92

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

## (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert Cingraham Homes DATE Dec. 16, '91 PERMIT NO 26-23-A15

PHONE: Business _____ Home _____

LOCATION 1100 TL1113 TR into North Shore on left near end S. R. No. _____

SUBDIVISION NAME North Shore AT Pine Isle LOT NO. 15 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area ~ 3/4 Ac.

Character & Porosity of Soil PS clay

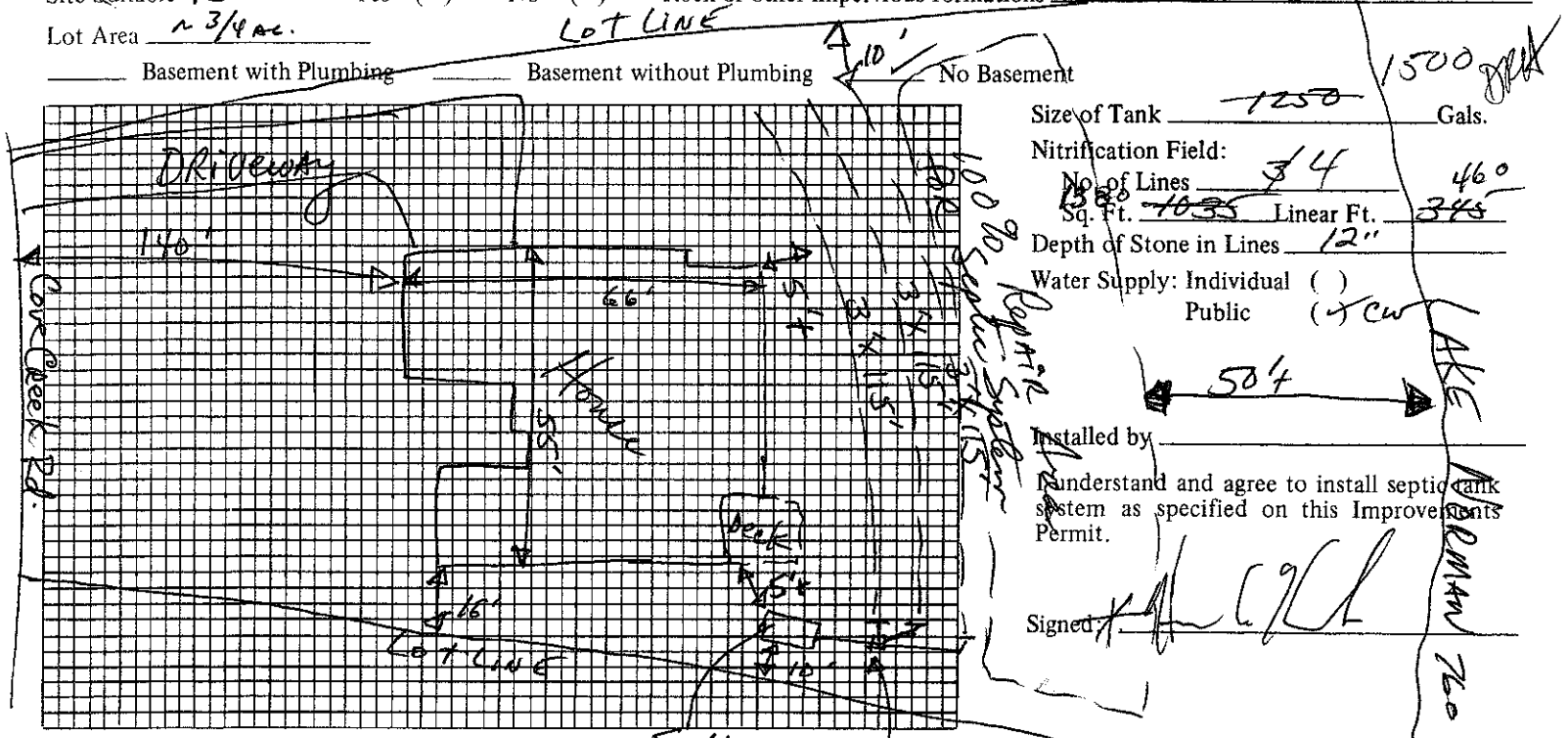
Percolation Rate L. 35

Topography 2-4%

Depth to Water Table 4'+

Rock or other impervious formations None obs

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement




Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3 4

Sq. Ft. ~~1035~~ 1380 Linear Ft. ~~345~~ 460

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓) CW

50'+

Installed by _____

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

Signed: _____

Septic Tank

IMPROVEMENTS PERMIT BY David R. Hinson, RS. D-box w/speed levelers

COMMENTS: Follow contour with drainfield - 36" maximum trench bottom depth.

12-19-91 Hans of R. T. Homes called and said house was 4 bedroom; changes above reflect this. DPH

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 false information is supplied in making Improvements Permit.

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