4635-19-1833

13376

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Ingram Homes DATE 2/11/92 PERMIT NO. Pt of 2F-B-10

PHONE: Business 342-0866 Home

LOCATION Next to last house on (D) before cul de sac

S.R. No.

SUBDIVISION NAME North Shore at Pine Lake LOT NO. 14 SECTION OR BLOCK NO. 1

House ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 30,000 FT²

Soil Characteristics P

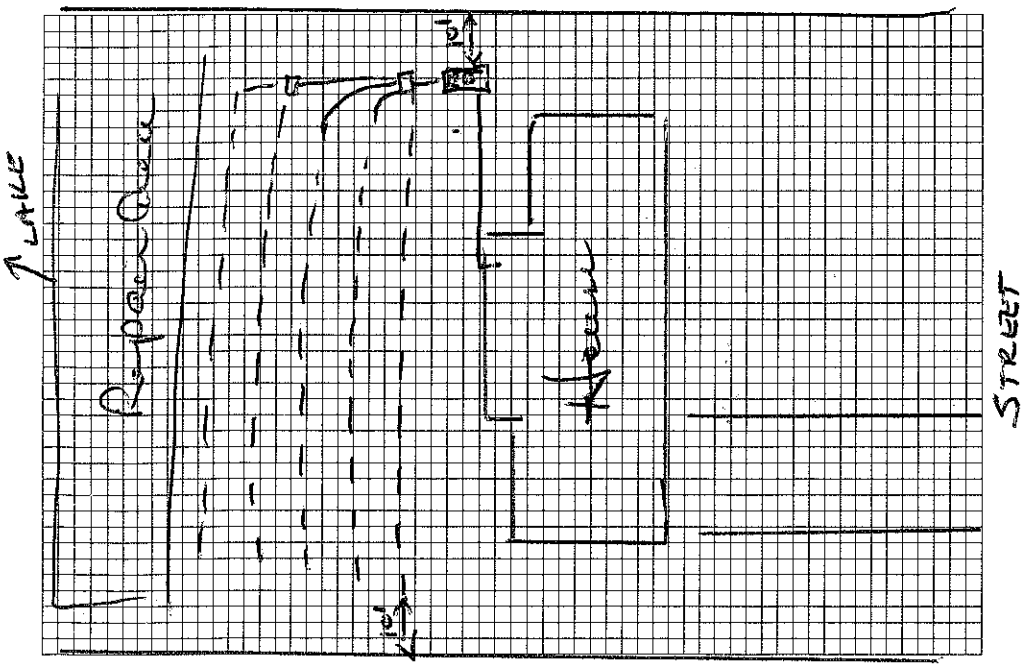
Application Rate .35

Topography P - 2-4%

Depth to Water Table > 48"

Rock or other impervious formations No

____ 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 5 @ 90' x 3'

Sq. Ft. 1350 Linear Ft. 450

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑ comm well

Installed by Henry 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 Wesley Sparks RS. DATE 2/11/92

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