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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M. I. Homes DATE July 27 '92 PERMIT NO. 2G23A34

PHONE: Business ______ Home ______

LOCATION 1100 TR 1113 TR Pine Isle at end

S.R. No. ______

SUBDIVISION NAME Pine Isle LOT NO. 34 SECTION OR BLOCK NO. 1

House ☑ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~3/4 Ac

Soil Characteristics pscbky

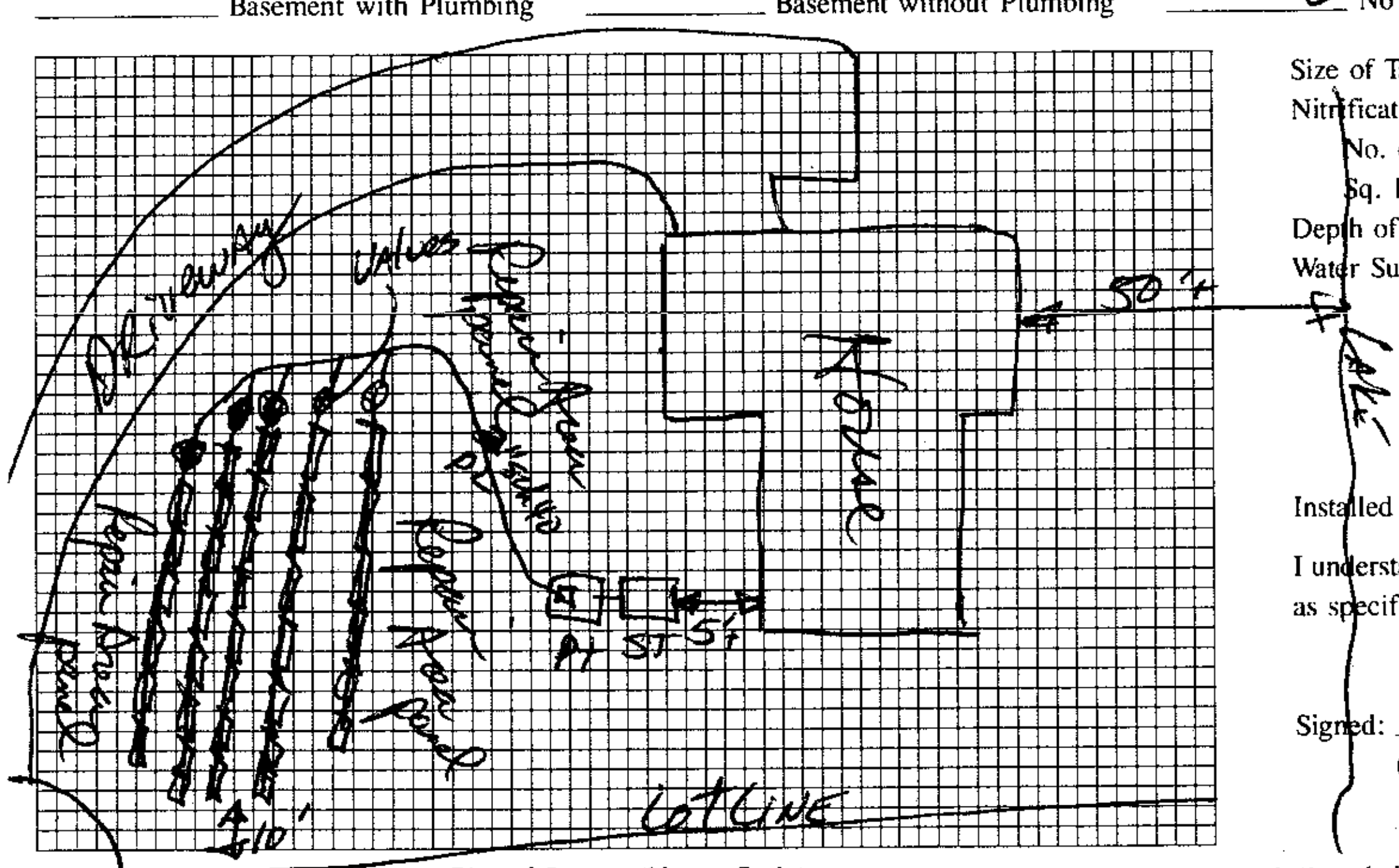
Application Rate .3

Topography ~4%

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 ST 1500 / PT 1500 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. ______ Linear Ft. 266' of

Depth of Stone in Lines LP 16" PPBS

Water Supply: Individual ☐

Public ☑ VCW

Installed by Williams S.T. Monroe, NC

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 ______

The proposed / existing LIVING ROOM ADDITION addition does not appear to impact the existing septic system.

**NOTE: REMOVING DECK - CONSTRUCTING L.R.

Wesley Sparks R.S.

Date: 4/29/09

ICHD-Environmental Health Division

Operation Permit

CERTIFICATE OF COMPLETION BY [signature], RS. DATE 7/27/92

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