14253

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M I Homes DATE 3/30/92 PERMIT NO. 26-23-A-34

PHONE: Business 376-9800 Home

LOCATION Shelley Pines Rd, TR into Pine Isle to cul de sac - lot to (R) off cul de sac 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 2.5

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 3/4 AC

Soil Characteristics P - L/C (F-O)

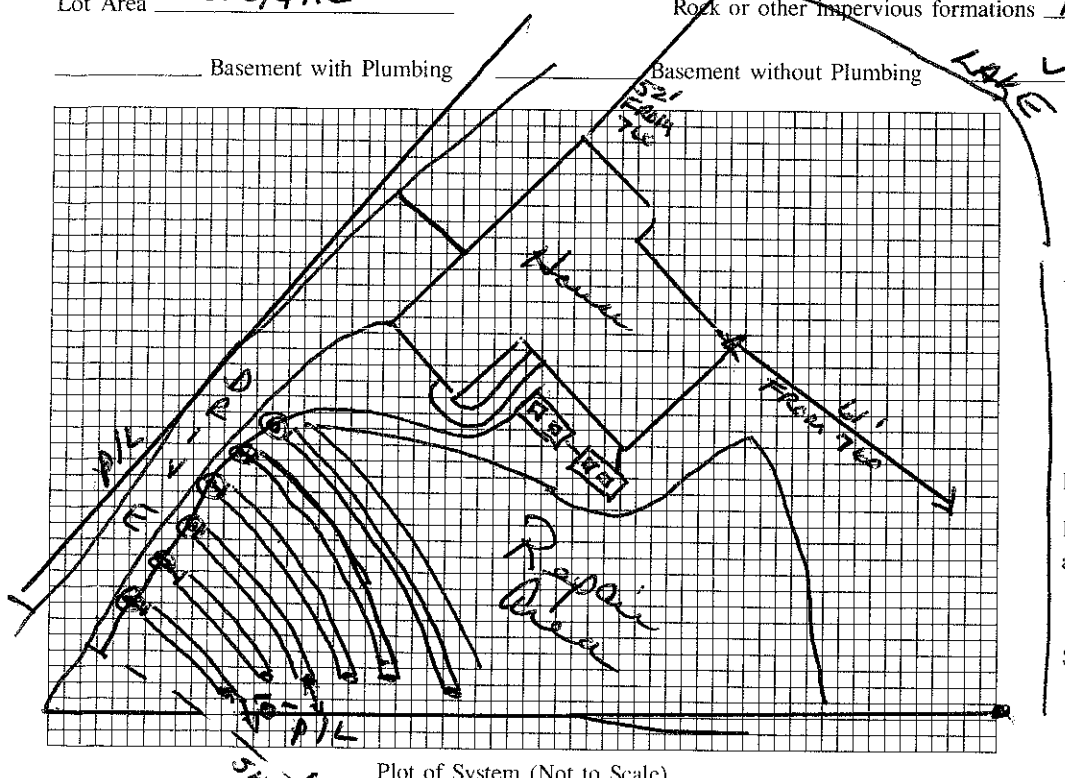
Application Rate .3

Topography 2-4%

Depth to Water Table > 48"

Rock or other impervious formations None observed

____ Basement with Plumbing ____ Basement without Plumbing __✓__ No Basement ____ Crawl Space




Plot of System (Not to Scale)

Size of Tank 1250 - 1250 PUMP TANK Gals.

Nitrification Field:

No. of Lines 5 @ 5.5' - 60' x 2'

Sq. Ft. 1600 Linear Ft. 266

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☐ COMM SYSTEM

Public ☑

Installed by

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

Signed: X Doyle Hall

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

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS Pressure distributed panel blocks - 3/16" hole per panel 2' head at end of each line - High water alarm on separate circuit from pump.

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.

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