~2100

14582

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M. I. Homes DATE June 10, '92 PERMIT NO 2623A33

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 TR into Pineclale at end on right S.R. No. _____

SUBDIVISION NAME Pine Vale LOT NO. 33 SECTION OR BLOCK NO. _____

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 > 20,000 ft²

Soil Characteristics PS clay

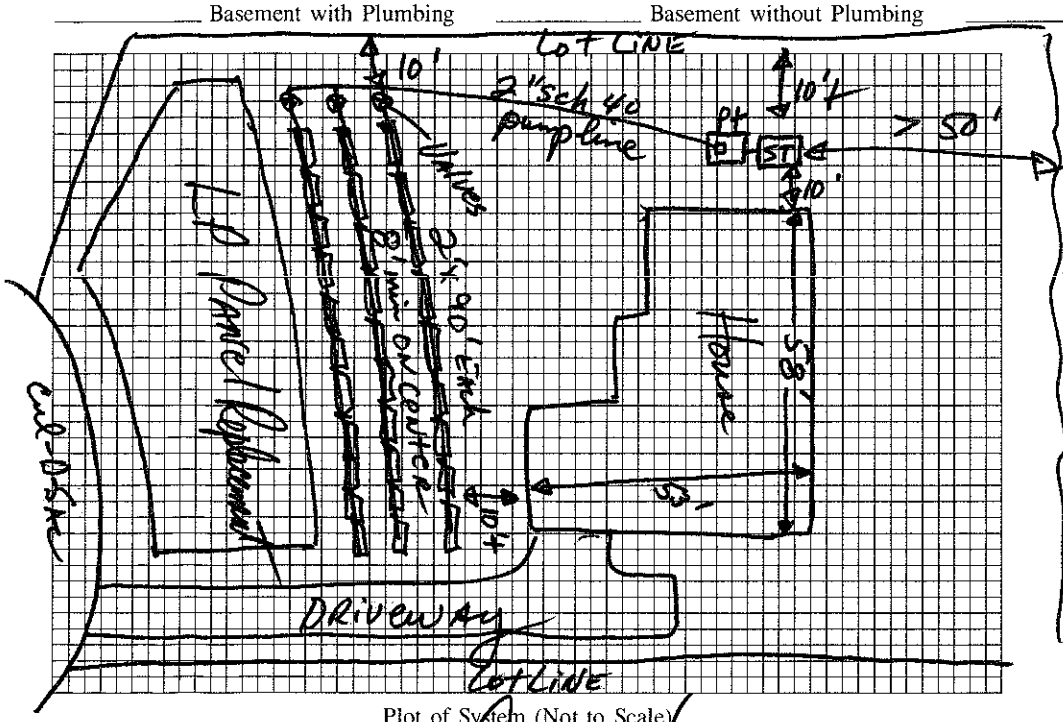
Application Rate ~.3 gal/ft²/day

Topography 4-6%

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 ST / 1500 PT Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 270 'of

Depth of Stone in Lines 16" PPBS

Water Supply: Individual ☐

Public ☑ CW

Installed by _____

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

Signed Stuart E. Adler

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

IMPROVEMENT PERMIT BY Paul B. Hinson, RS.

COMMENTS Follow contours with drainfield. 36" maximum trench bottom depth. 1¼" Sch 40 through panels with ONE 3/16" hole per panel located midways in panel and turned up. 64 panels total. 2' pressure head on system. Pump Specs: 38 gal/min at approx 21' head.

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