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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M.I. Homes DATE Aug 27, '92 PERMIT NO. 2623A35

PHONE: Business _____ Home _____

LOCATION SR 1113 TR Waterford Dr. at end

SUBDIVISION NAME Pine Vale S.R. No. _____

LOT NO. 35 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 > 20,000 ft²

Soil Characteristics PsCl

Application Rate Pw 35 gpd/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

Size of Tank 1250 ST / 1500 PT Gals.

Nitrification Field:

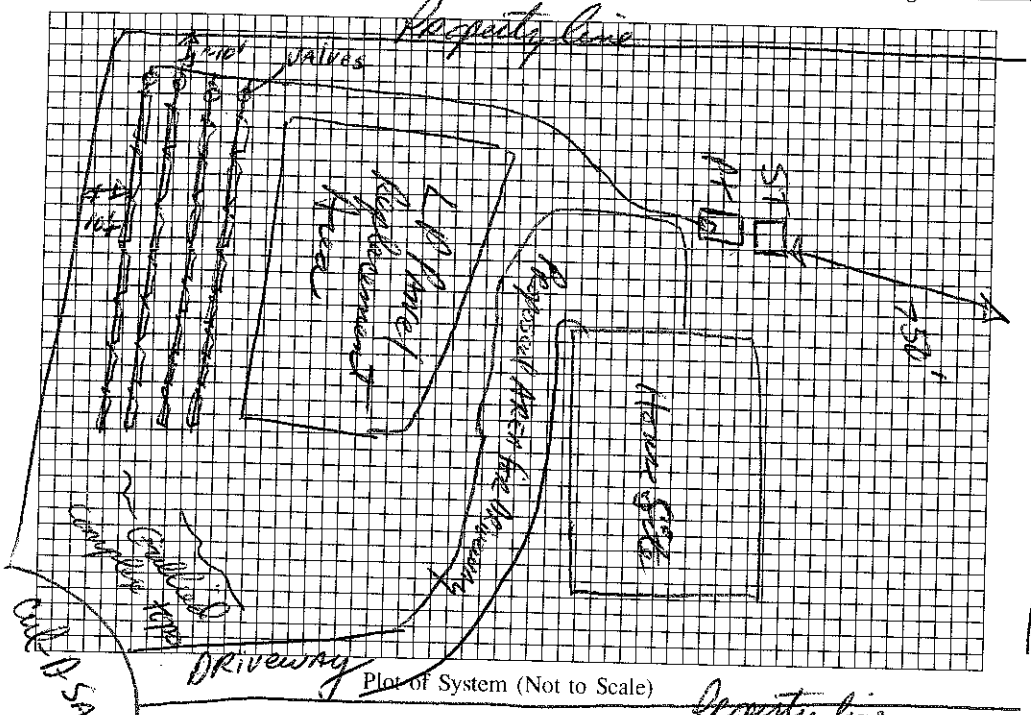
No. of Lines 4

Sq. Ft. _____ Linear Ft. 240' of

Depth of Stone in Lines LP 16" PBS

Water Supply: Individual ☐

Public ☑ CW



Plot of System (Not to Scale)

Installed by Orbison

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 _____

Maintenance agreement rec'd 8/27/92

Operation Permit

CERTIFICATE OF COMPLETION BY Daniel R. Hanson, RS. DATE 8/27/92

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