16198

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M.I. Homes

PHONE: Business _____ Home _____ DATE April 23, '93 PERMIT NO. 2G23A-1

LOCATION 110 TR 1113 TR Whitford DR. AT END ON Right

SUBDIVISION NAME Pine Isle LOT NO. 32 S.R. No. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 3.5

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 28,846 sf±

Soil Characteristics PsCl on/ clay trans.

Application Rate ± 3 gal/sf/day

Topography ~ 4%

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 ST 1500 / PT 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 270' of 16" PPBRS

Depth of Stone in Lines

Water Supply: Individual ☐ Public ☑ CW pressure dosed

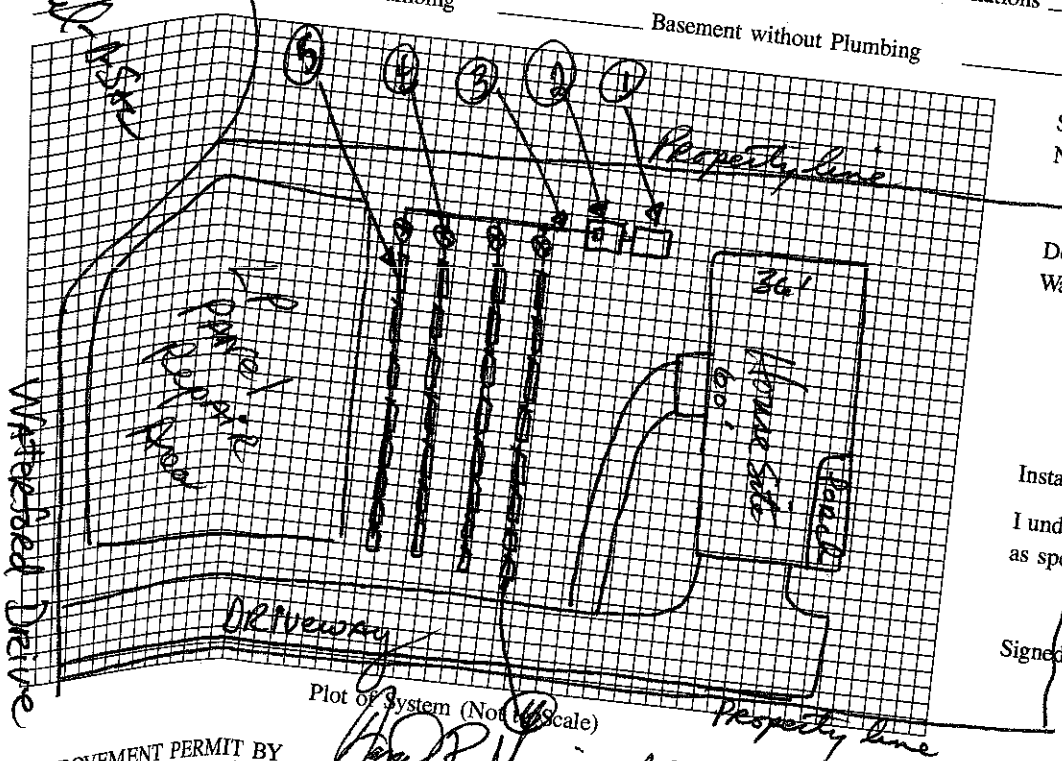
LAKE NORMAN 760

Installed by _____

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

Signed: Ralph Kerr

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



Plot of System (Not to Scale)

IMPROVEMENT PERMIT BY Carol R. Hinson, RS

COMMENTS ① Septic Tank; ② Pump tank w/ Access Riser; ③ 2" sch 40 pumpline; ④ Ball/Gate valves; ⑤ PPBRS Lateral; ⑥ Stand pipe w/ below grade adaptor ... 1¼" sch 40 through panels with one 3/16" hole per panel, 62 panels total, Follow contour. Pump specs: 37 gal/min at approx 20' total head

Dose Approx. 320 gal per 7 minute cycle

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

* Maintenance agreement required prior to issue.

8/5/93 Thanks, Dranfield