IREDELL COUNTY HEALTH DEPARTMENT

15517

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M. I. Homes DATE Dec. 4, '92 PERMIT NO. 2623A31

PHONE: Business 376-9800 Home

LOCATION 1100 TL 1113 TR Waterford Drive NEAR END on Right

S.R. No.

SUBDIVISION NAME Pine Isle LOT NO. 31 SECTION OR BLOCK NO.

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 ~ 28,600 ft²

Soil Characteristics Shallow ps clay

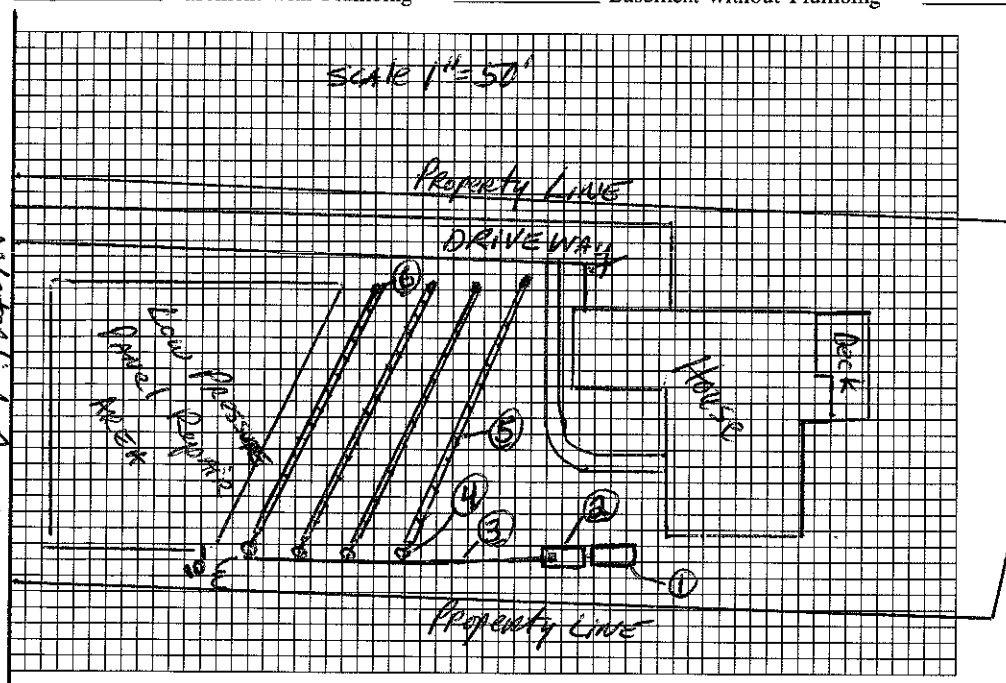
Application Rate .3 gal/ft²/day

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 Septic 1500 / Pump 1500 Gals.

Nitrification Field:

No. of Lines 4

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

Depth of Stone in Lines

Water Supply: Individual ☐ Public ☑

Installed by

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

Signed: X Ralph Vernon

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

IMPROVEMENT PERMIT BY Mark R. Hinson, RS

Pump Specs: 37 gal/min at Approx. 24' head [2' pressure head/lateral]

COMMENTS ① Septic Tank ; ② Pump tank ; ③ 2" sch. 40 pressure (meter) pipeline ; ④ Ball/Gate valve and cover per lateral ; ⑤ 16" PPBPS Lateral ; ⑥ Stand pipe with below grade adaptor & valve cover. Nitrification lines to follow contour. 36" maximum trench bottom depth. Use 1¼" sch 40 laterals through panels with one 3/16" hole per panel located midways of panel and turned up. 62 panels total.

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

* Maintenance Contract Required Prior to Issuance of Operation Permit *