4635197151

IREDELL COUNTY HEALTH DEPARTMENT

15518 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MI Homes DATE April 26, '93 PERMIT NO. 2G23A36

PHONE: Business _____ Home _____

LOCATION 1100 TR 1113 TR Waterford Dr. at end on left

S.R. No. _____

SUBDIVISION NAME Pinedale LOT NO. 36 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 20,000 ft² +

Soil Characteristics PSCLay

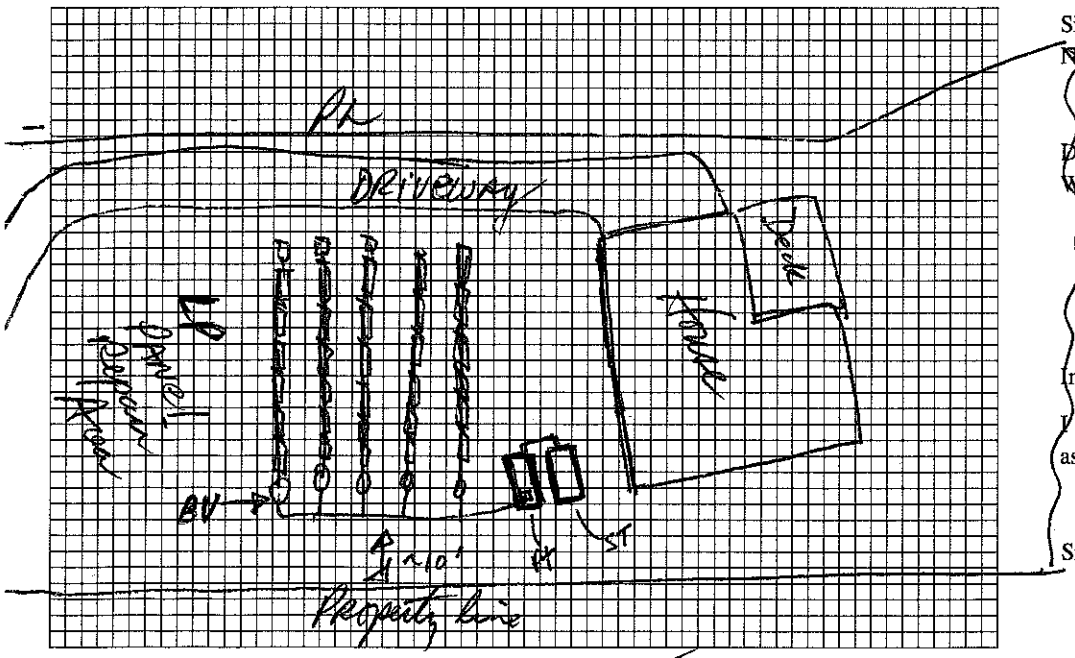
Application Rate .3 gal/ft²/day

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 1500/1500 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. _____ Linear Ft. 270 ea

Depth of Stone in Lines 6" HBB

Water Supply: Individual ☐ Pressure dosed

Public ☑

LAKE NORMAN

Installed by Arbison

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 _____

COMMENTS System installed 2/24/93

Corrected maintenance agreement recd. 4/26/93

Operation permit

CERTIFICATE OF COMPLETION BY Jack Huffman DATE 4/26/93

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