3:00

IREDELL COUNTY HEALTH DEPARTMENT

15578

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MI Homes DATE Dec 22, '92 PERMIT NO. 2623436

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 psclby

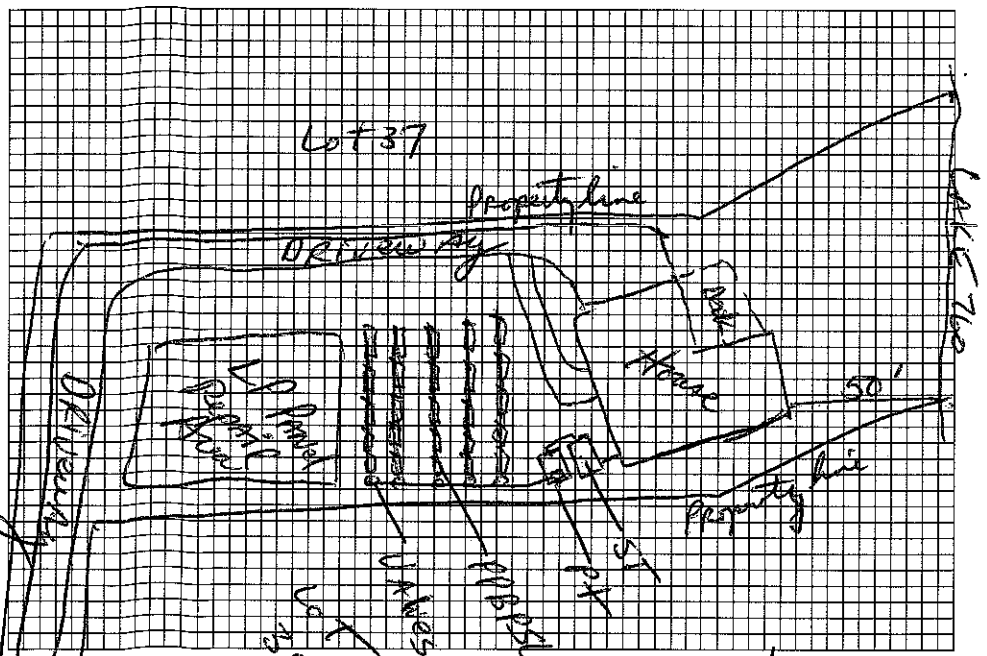
Application Rate .3 gal/ft²/day

Topography 4-6%

Depth to Water Table 74'

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 25

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

Depth of Stone in Lines 16"

Water Supply: Individual ☐ CW Public ☑ pressure dosed

Installed by _____

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

Signed Ralph Vernon

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

IMPROVEMENT PERMIT BY _____

COMMENTS Home to be built as specified on enclosed plot plan except driveway is to border property line with Lot 37. This septic system requires a maintenance agreement with a certified septic system operator prior to issuance of O.P.

Pump Specs: 38 gal/min @ approx 20' head (2' pressure head, ONE 3/16" hole per panel, midways turned up)

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

4/8/93 System installed as shown above. Need Maintenance contract and check down location