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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MI Homes DATE 5/5/92 PERMIT NO. 26-23-A-3

PHONE: Business _____ Home 542-7469

LOCATION Side of Pine Rd; TR into Pine Glade, to last lot on ① on cul de sac

SUBDIVISION NAME Pine Glade S.R. No. _____

LOT NO. 38 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 29,000 FT2

Soil Characteristics P-SC / SIC

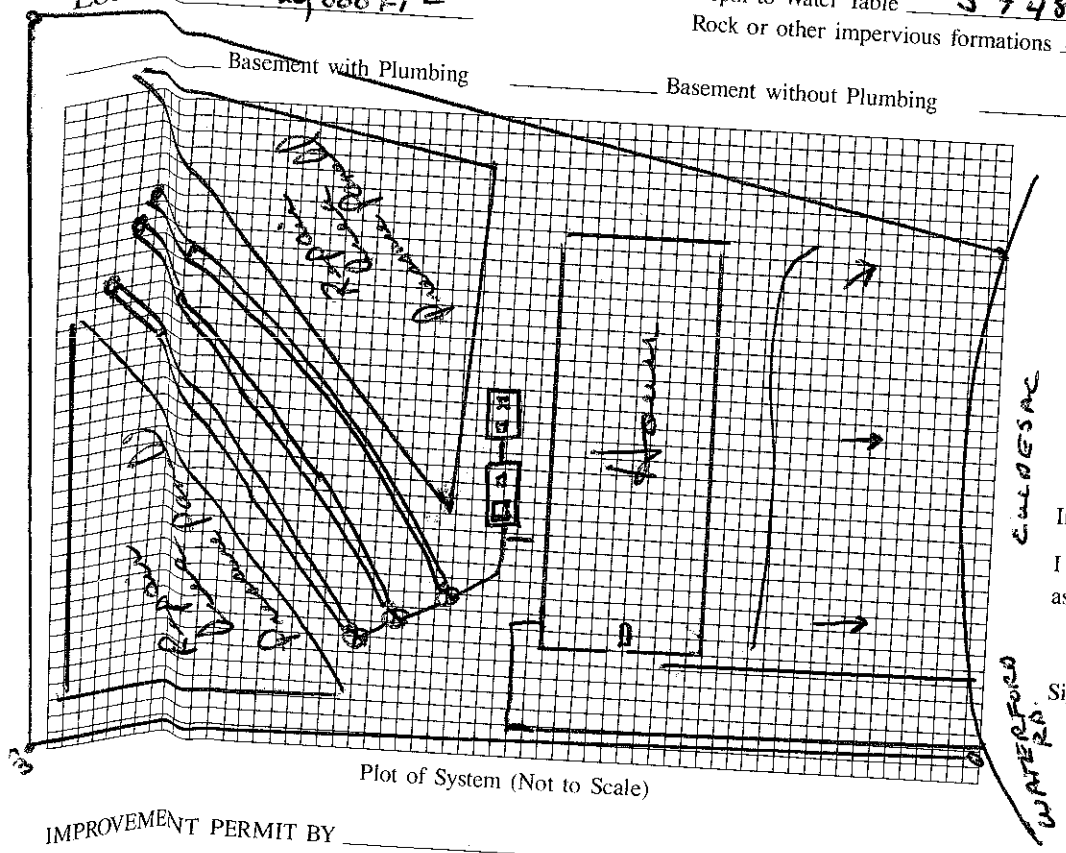
Application Rate P .3

Topography P 2-4%

Depth to Water Table S 7 48"

Rock or other impervious formations S None Observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 / 1000 Gals.

Nitrification Field:

No. of Lines 3@90' x2'

Sq. Ft. 1600 Linear Ft. 270

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☐ Public ✓ comm D/W

Installed by Richard Abernathy

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 _____

* OPERATIONAL PERMIT

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S.

EXISTING SYSTEM CHECKED BY _____ DATE 5/15/92

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

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