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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M I Homes DATE 8/27/92 PERMIT NO. 26-23-A-39

PHONE: Business 376-9800 Home

LOCATION Isle of Pines TR into Pinedale, 1st lot on (D) before cul de sac.

S.R. No.

SUBDIVISION NAME Pinedale LOT NO. 39 SECTION OR BLOCK NO. 1

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

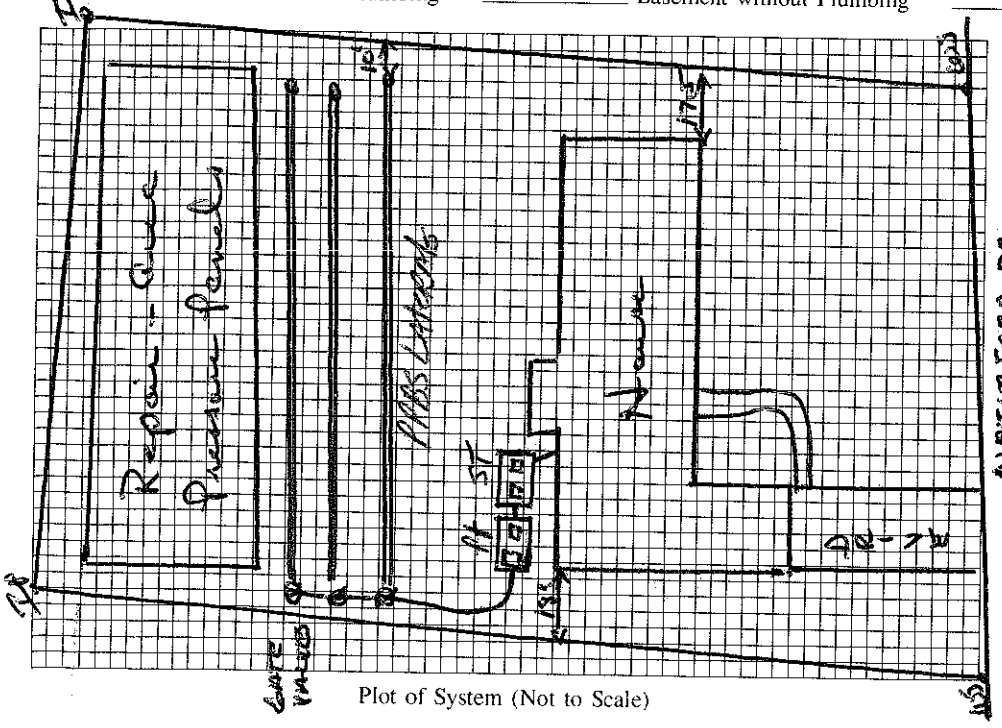
Soil Characteristics P - wk c

Application Rate P - .35

Topography P - 2%

Depth to Water Table S - >48"

Rock or other impervious formations S - None observed.



Size of Tank 1250 / 1250 Gals.

Nitrification Field:

No. of Lines 3 @ 73' x 2'

Sq. Ft. Linear Ft. 219*

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☐ COMM

Public ☑ SYSTEM

* 7/16/92 - ST/PT - WILLIAMS

8/4/92 - DRAINFIELD - WILLIAMS

8/14/92 - ALARM INSTALLED IN GARAGE

Installed by Williams ST, Monroe, NC

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 WS

COMMENTS 16" Prefabricated Permeable Panels with Pressure Distribution

Checked tanks 7/16/92 ARH, Checked drainfield 8/4/92, Alarm checked 8/14/92 AWS. Maintenance agreement received 8/27/92 ARH

* OPERATIONS PERMIT

CERTIFICATE OF COMPLETION BY John R. Hanson, RS DATE 8/27/92

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