14252

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M I Homes DATE 3/20/92 PERMIT NO. 26-23-A-39

PHONE: Business 376-9800 Home

LOCATION Isle of Pines Rd. TR into Pinedale, to next to last lot on (L) before cul de sac

SUBDIVISION NAME Pinedale S.R. No. 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 15,000 FT²

Soil Characteristics P - wk c-sic

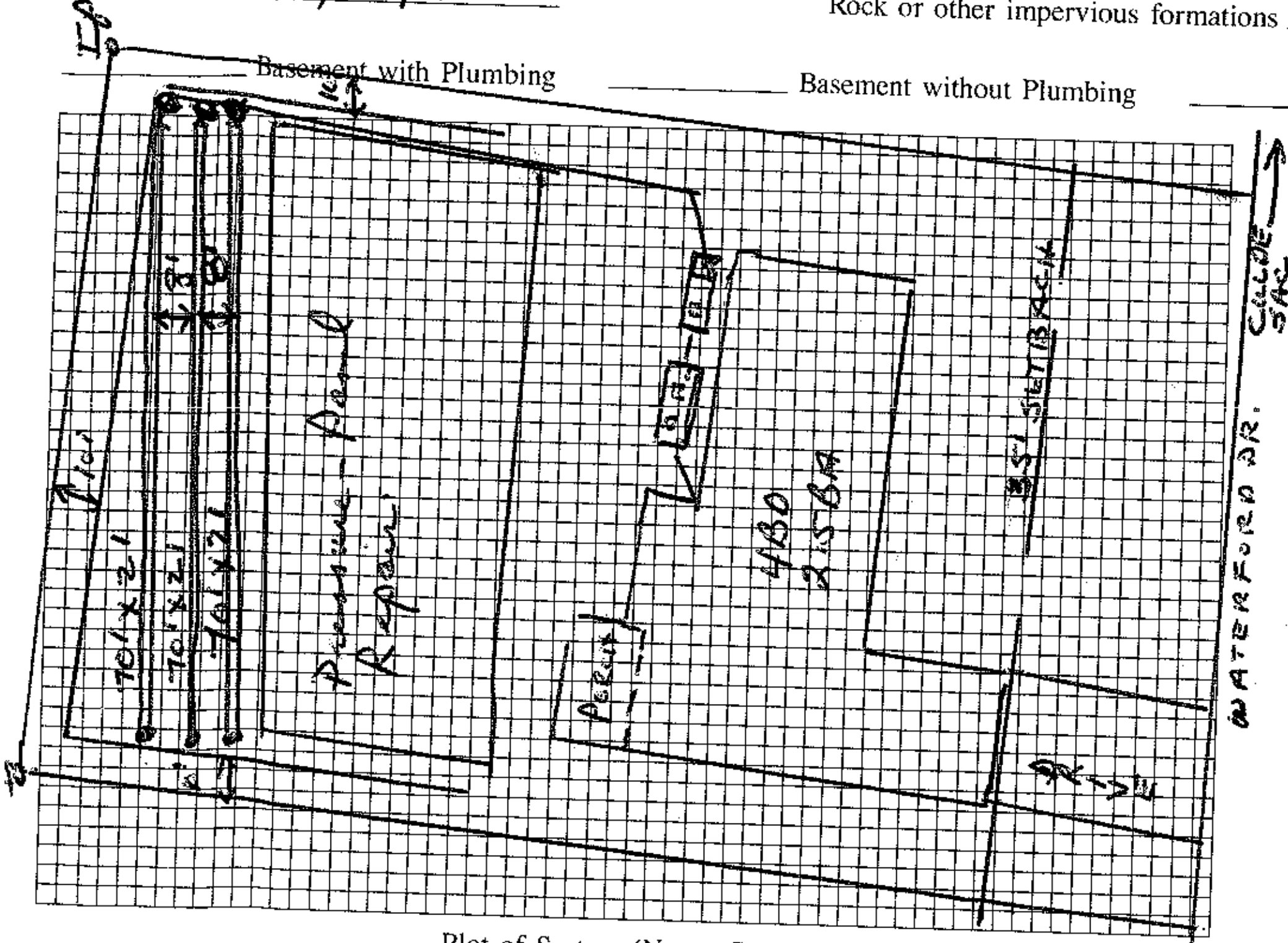
Application Rate .3-.35

Topography 2-7%

Depth to Water Table >48"

Rock or other impervious formations None observed

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



Plot of System (Not to Scale)

Size of Tank 1250/1250 Gals.

Nitrification Field:

No. of Lines 3@70'x21

Sq. Ft. Linear Ft. 210 ✱

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☐

Public ☑ Comm System

✱ 16" Prefab. Permeable Panel Pressure Distribution

Installed by

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

Signed: X Janet Brothers

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

IMPROVEMENT PERMIT BY Wesley Sparks R.S.

COMMENTS Trenches no deeper than 30" - Pump to deliver 27' head at 2' pressure head 1 1/4 PVC with 3/16" hole drilled per panel (centered) Alarm and alarm float required - 3/16" anti syphon hole above check valve in pump tank 166 gallons per dose maximum

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