4635-19-9546

14011

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MI Homes DATE 5/15/92 PERMIT NO. 26-23-A-40

PHONE: Business 542-7469 Home

LOCATION side of Pines Rd, TR into Pine Isle, to last lot on R side of cul de sac S.R. No.

SUBDIVISION NAME Pine Isle LOT NO. 40 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 20,000FT²

Soil Characteristics P - sl / sic transition

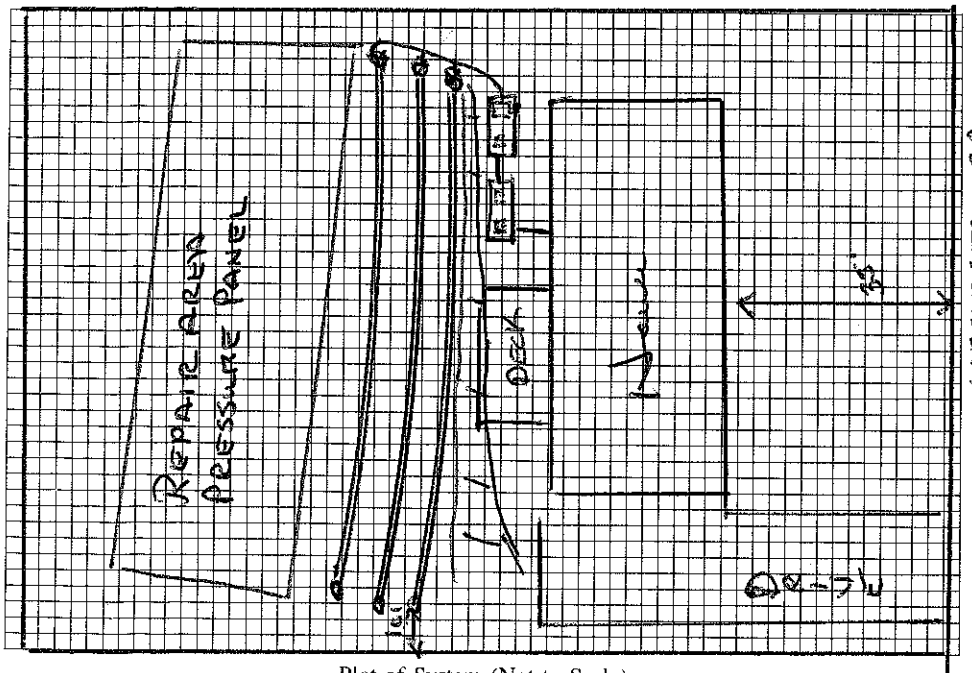
Application Rate P - .3 (wk, sF,)

Topography P - 2%

Depth to Water Table S - >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' x 2'

Sq. Ft. 1600 Linear Ft. 270

Depth of Stone in Lines 6" STAND

Water Supply: Individual ☐ COMM SYSTEM

Public ☑

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 _____

The proposed / existing DECK / PATIO addition does not appear to impact the existing septic system.

**NOTE: _____ REHS

Date: 6-14-100

ICHD-Environmental Health Division

*OPERATIONS PERMIT

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 5/15/92

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