4635199679

IREDELL COUNTY HEALTH DEPARTMENT

14250

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M. I. Homes DATE Aug. 27, '92 PERMIT NO. 2623A41

PHONE: Business _____ Home _____

LOCATION 1100 TR 1113 TR Waterford on left

S.R. No. _____

SUBDIVISION NAME Pine Isle LOT NO. 41 SECTION OR BLOCK NO. 1

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20,000ft²+

Soil Characteristics Ps clay

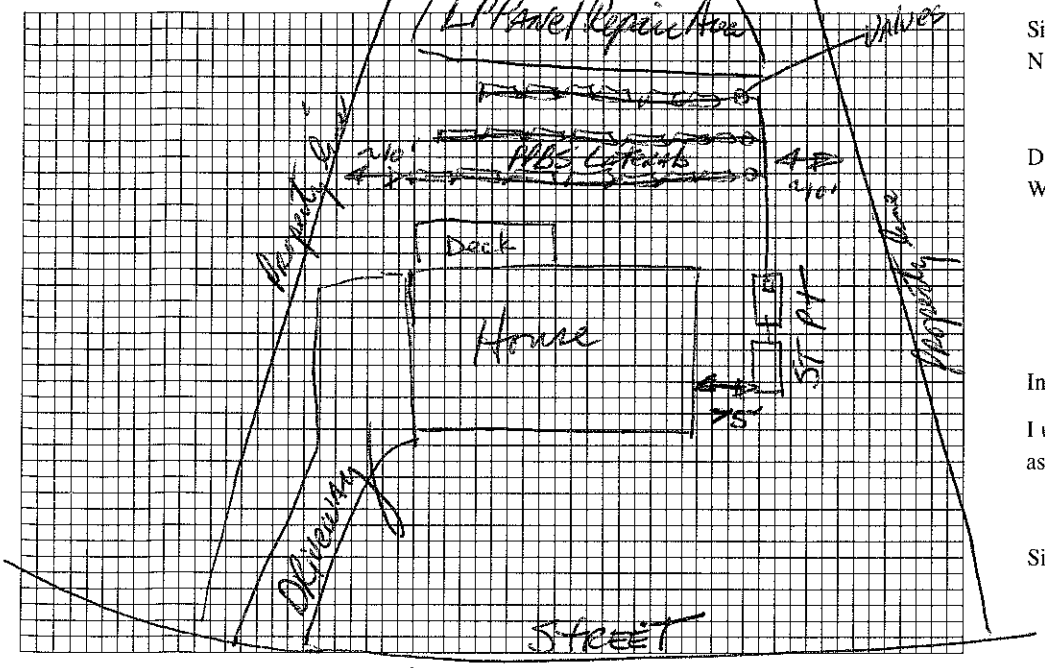
Application Rate .03 - .4 gal/ft²/day

Topography 2-4%

Depth to Water Table 76'

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 ST / 1500 PT Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 200'±

Depth of Stone in Lines 16" PBS

Water Supply: Individual ☐ Public ☑ CW

Installed by Williams ST, Mooresville, 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 AWS

COMMENTS Maintenance agreement rec'd 8/27/92 DHK

CERTIFICATE OF COMPLETION BY Jack R. Hinson, 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