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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MI Homes DATE Aug 11, '93 PERMIT NO. 2623A53

PHONE: Business _____ Home _____

LOCATION 1100 TR 1113 TR Waterford TR Highview TR Harborshore AT END on left S.R. No. _____

SUBDIVISION NAME Pine Isle LOT NO. 53 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~20,000 ft²

Soil Characteristics PS clay

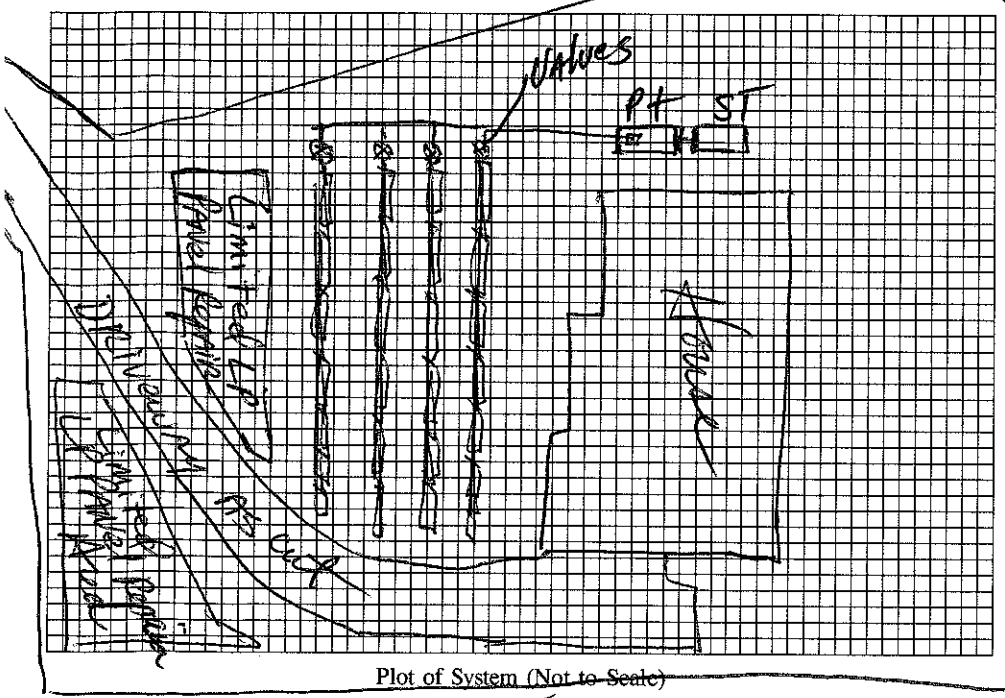
Application Rate .3 gal/ft²/day

Topography 4%

Depth to Water Table 24'

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 / 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 220' of

Depth of Stone in Lines 16" PPBR

Water Supply: Individual ☐ or Public ☑ pressure dosed

Installed by Osborn

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 DRH

COMMENTS System installed May 4 '93;
Maintenance agreement received 5/26/93 but alarm not mounted;
Alarm mounted, location verified 8/11/93
Operation permit

CERTIFICATE OF COMPLETION BY Jack R Huffman, RS DATE 8/11/93

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