15521

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MI Homes DATE Dec 14, '92 PERMIT NO. 2623A53

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 TR Waterford TL Highview TR HARBOR Shore Ct. at end box left in Cul D SAC 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 fs clay

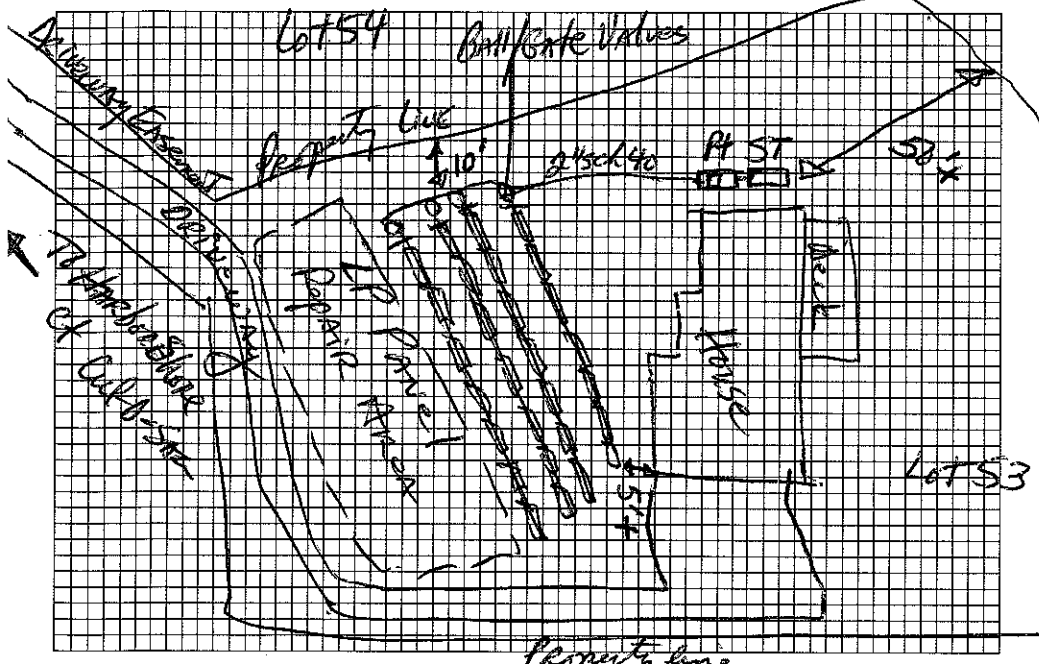
Application Rate .3 gal/ft²/day

Topography ~4% sl. complex

Depth to Water Table 74"

Rock or other impervious formations Above 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. 270 to f

Depth of Stone in Lines 16" 12" BPS

Water Supply: Individual ☐ Public ☑ pressure dosed

Lake

760

Installed by _____

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

Signed: Ralph Vernon

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

IMPROVEMENT PERMIT BY D.P. Hinson / RS

Design Specs: 38 gpm at approx 20' total head based upon 62 panels with one 3/16" hole per panel i 2' pressure head

COMMENTS House to be located as specified on attached plot plan with the exception that the driveway is to be directed along lot 53/52 boundary. Type IV System & maintenance agreement required prior to issuance of operation permit.

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