4635-29-0250

IREDELL COUNTY HEALTH DEPARTMENT

14779

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M.I. Homes DATE Aug. 31, '92 PERMIT NO. 2G23A51

PHONE: Business _____ Home _____

LOCATION 1109 TL 1113 TR Waterford TL Highview TR Harborshore at end S.R. No. _____

SUBDIVISION NAME Pine Isle LOT NO. 51 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 3½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 720,000 ft²

Soil Characteristics B clay

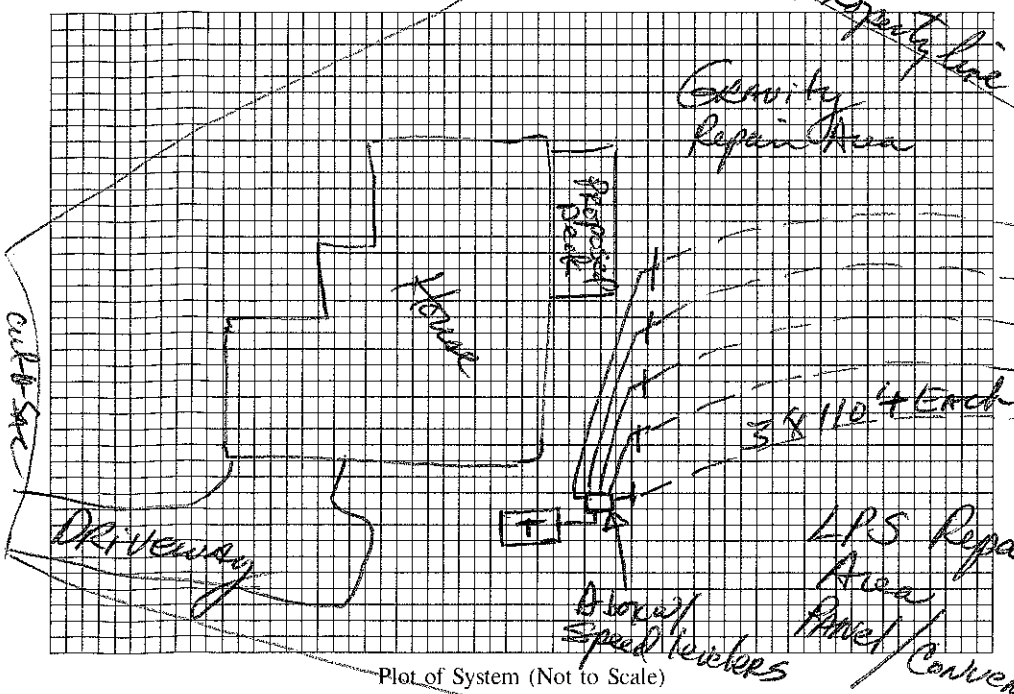
Application Rate .3 gal/ft²/day

Topography ~4% slope

Depth to Water Table >6'

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 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1620± Linear Ft. 540±

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑ CW

Installed by TJ Erwin

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 Deck not constructed.

CERTIFICATE OF COMPLETION BY D R Hinson, RS DATE 8/31/92

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

14779

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M.I. Homes DATE June 22, '92 PERMIT NO. 2623451

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 TR Waterford TL Highview TR Harbor Shore Ct. at end S.R. No. _____

SUBDIVISION NAME Pine Vale LOT NO. 51 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 3½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ≥ 20,000 ft²

Soil Characteristics PS silty clay

Application Rate .3 gal/ft²/day

Topography 2-4%

Depth to Water Table ≥ 4'

Rock or other impervious formations NONE OBS.

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

Size of Tank 1500 Gals.

Nitrification Field:

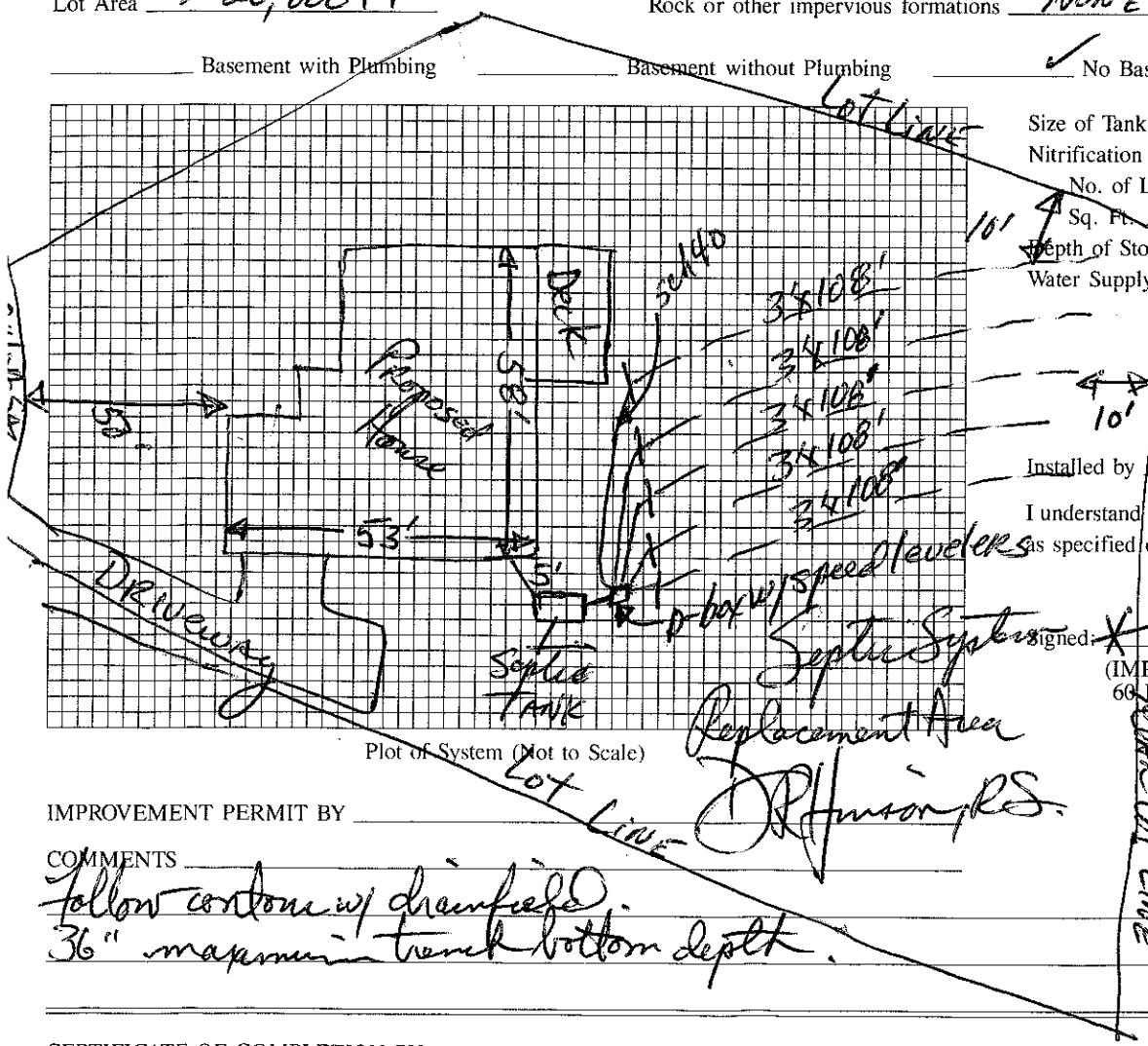
No. of Lines 5

Sq. Ft. 1620 Linear Ft. 540

Depth of Stone in Lines 12"

Water Supply Individual ☐

Public ☑ CW



Plot of System (Not to Scale)

Installed by _____

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

Signed: X _____

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

IMPROVEMENT PERMIT BY _____

COMMENTS follow contours w/ drainfield. 36" maximum trench bottom depth.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

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