4635290902

IREDELL COUNTY HEALTH DEPARTMENT

13943

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M.I. Homes DATE 7/9/92 PERMIT NO 2623A27

PHONE: Business _____ Home _____

LOCATION 1100 TR 1113 TR into Pine Dale on right

S.R. No. _____

SUBDIVISION NAME Pine Dale LOT NO. 27 SECTION OR BLOCK NO. _____

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 .66Ac

Soil Characteristics PS clay

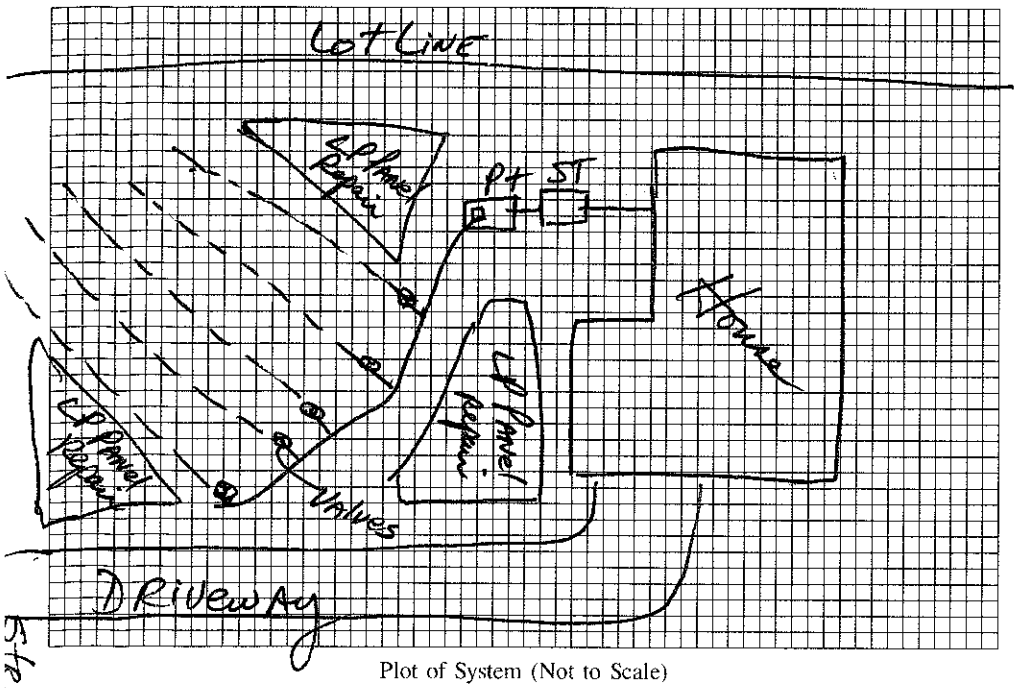
Application Rate .4

Topography 2-4%

Depth to Water Table 7 48"

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 1000/1000 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1224 Linear Ft. 408

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑ CW

Installed by Williams S.T. Monroe, 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 The 3 repair areas shown above should total enough area to accomodate 200-250 'of LP Panel. Installation of more conventional trenches would have used up repair area. Operations permit

CERTIFICATE OF COMPLETION BY David R Johnson RS. DATE 7/9/92 AWS

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

This system was installed on June 19, '92 - Alarm had to be removed from crawlspace to garage & was rechecked on 7/9/92 DRH

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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MI Homes DATE 1/15/92 PERMIT NO. 26-23-A-27

PHONE: Business _____ Home 542-7469

LOCATION S side of Pines Rd, TR into MI Homes - Pinesdale to next to last lot on R before drive to clubhouse. S.R. No. _____

SUBDIVISION NAME Pinesdale LOT NO. 27 SECTION OR BLOCK NO. _____

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 1.66 Ac

Soil Characteristics P - C, SRC (SS - SP)

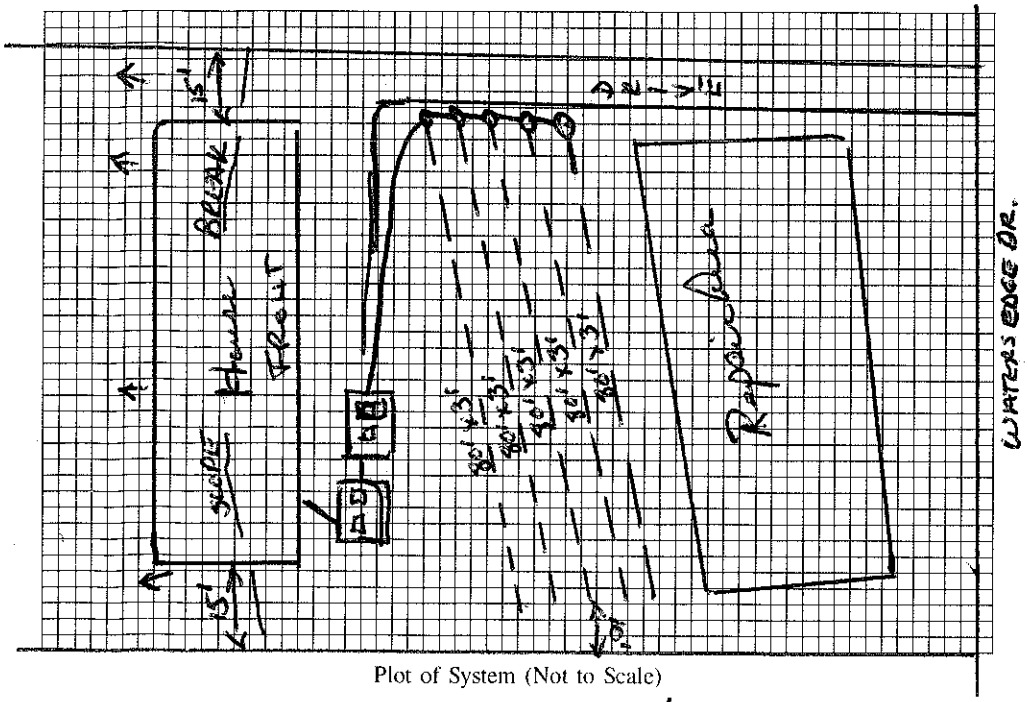
Application Rate .35

Topography 2-3%

Depth to Water Table > 48"

Rock or other impervious formations None encountered

_____ 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 5 @ 85' x 3'

Sq. Ft. 1275 Linear Ft. 425

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Comm. System Public ☑

Installed by _____

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 Wesley Sparks R.S.

COMMENTS Pressure conventional drainfield. Trenches on contour, no deeper than 30" to trench bottom. 3' trenches with 1 1/2" PVC with 3/16" hole on 5' centers - 2' of pressure head at end of each lateral.

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