13943

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 Isle of Pines Rd, TR into MI Homes - Pine Isle to next to last lot on (R) before drive to clubhouse. S.R. No. ______

SUBDIVISION NAME Pine Isle 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 .66 AC

Soil Characteristics P - C, sac (ss - sp)

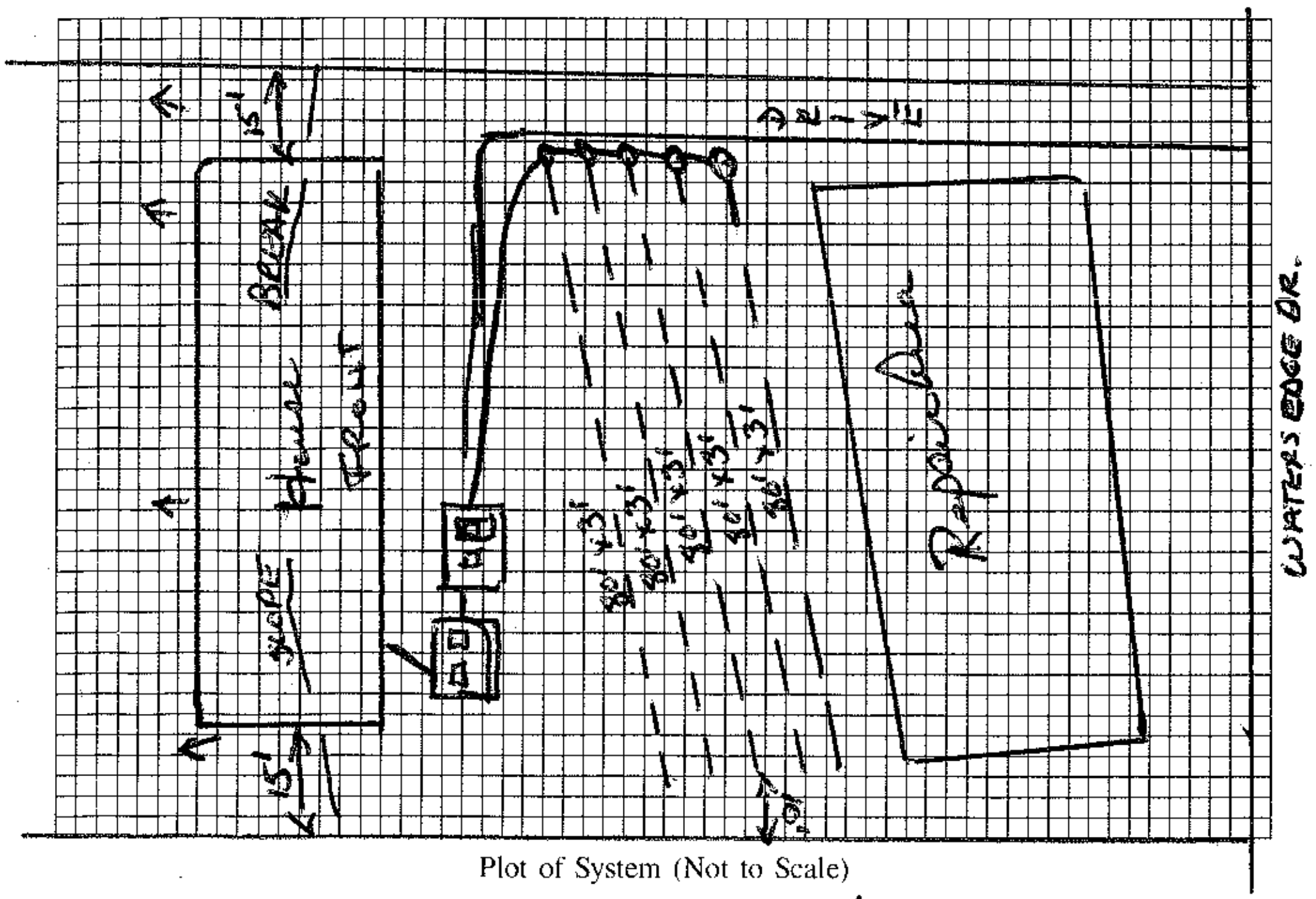
Application Rate .35

Topography 2-3%

Depth to Water Table >48"

Rock or other impervious formations None observed

______ 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 ☐ Public ☑ Comm. System

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