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IREDELL COUNTY HEALTH DEPARTMENT

14094 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Cressent Resources DATE March 24, '92 PERMIT NO. DEVELOPER PERMIT

PHONE: Business ________ Home ________

LOCATION 1100 TL 1113 TR Waterford TL Highview TR Harbor Shore Ct. At end S.R. No. ________

SUBDIVISION NAME Pine Isle LOT NO. 30 50 Phase SECTION OR BLOCK NO. 2

480gpd design flow / 8 people maximum

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

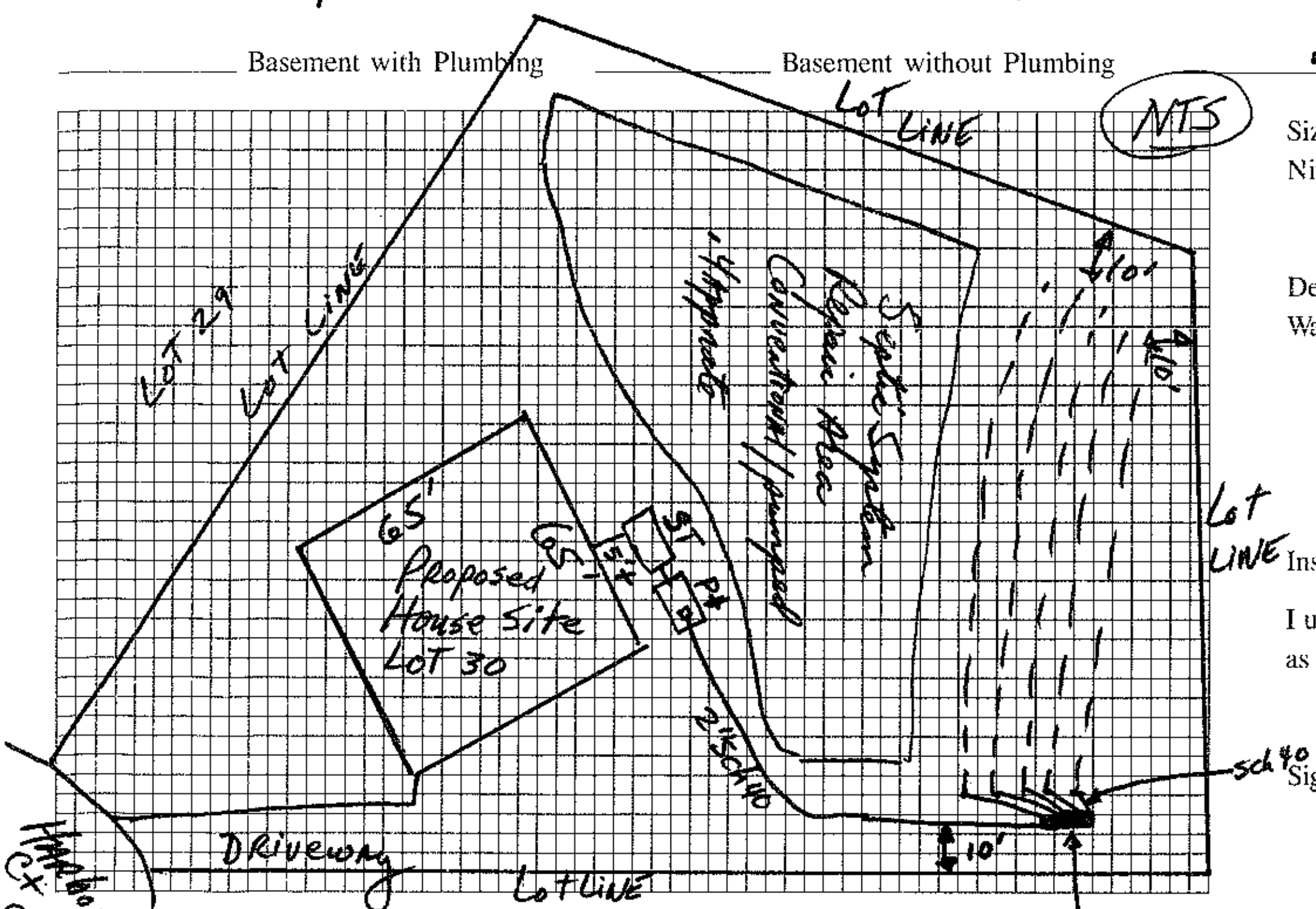
Application Rate .4

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 Septic 1500 / Pump 1500 Gals.

Nitrification Field:

No. of Lines 5 @ 3'x80' each

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☐

Public ☑

Installed by ________

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

Signed: [signature]

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

Plot of System (Not to Scale)

Lot 31

3" sch 80 pressure manifold with ½" sch 40 taps spaced 6" apart (5½' total length p.m.) ½" valve on each tap, 2" valve at head of p.m., ½" tap on top w/ removable plug and 2' stem for pressure adjustment.

IMPROVEMENT PERMIT BY D R Hinson, R.S.

COMMENTS Nitrification lines to follow contour. Waterline to be 10' minimum at closest point from all parts of septic system. Pump specs: 43 gal/min at approx. 25' head. 250 gal/dose per 5.8 min cycle.

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