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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M I Schottenstein (MI Homes) DATE 4/10/92 PERMIT NO 26-23A42

PHONE: Business 542-7469 Home

LOCATION

S.R. No.

SUBDIVISION NAME Pine Lake LOT NO. 42 SECTION OR BLOCK NO. 1

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

Soil Characteristics P

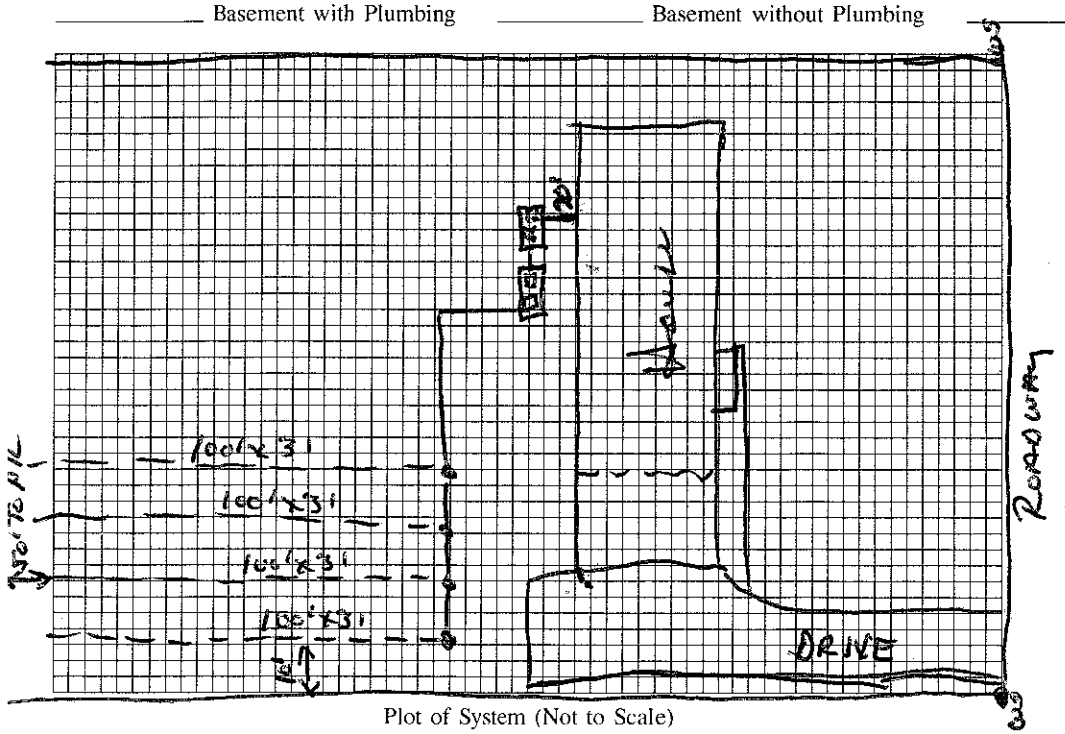
Application Rate P .35-.4

Topography P

Depth to Water Table 5

Rock or other impervious formations 5

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement L Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 / 1087 PT Gals.

Nitrification Field:

No. of Lines 4 @ 100' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☐ 20mm

Public ☑ System

Installed by Richard Abernathy

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

& OPERATIONS PERMIT.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 4/10/92

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