4635291903

IREDELL COUNTY HEALTH DEPARTMENT

13941 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M. I. Homes DATE July 20 '92 PERMIT NO. 2G23A28

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 TR Pine dale last lot on right before rec. center S.R. No. _____

SUBDIVISION NAME Pine dale LOT NO. 28 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area .66 ac.

Soil Characteristics PS clay

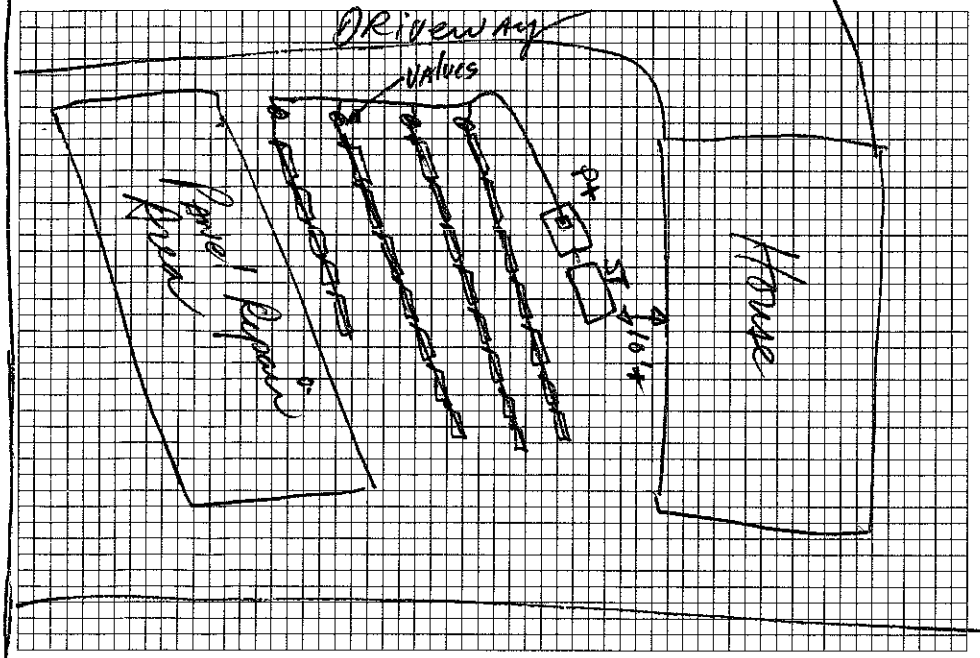
Application Rate .3-.4

Topography ~4%

Depth to Water Table > 4'

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 ST / 1000 PT Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 200 +

Depth of Stone in Lines LP PPBS

Water Supply: Individual ☐ Public ☑ CW

Installed by Williams S.T. Monroe, N.C.

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 tws

COMMENTS _____

Operation permit

CERTIFICATE OF COMPLETION BY DR Hinson, RS. DATE July 20, '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