4635292328

IREDELL COUNTY HEALTH DEPARTMENT

1502 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M.I. Homes DATE Dec 9, '92 PERMIT NO. 26234A49

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 TR Waterford TL Highview TR Hackberry at end on right S.R. No. _____

SUBDIVISION NAME Pine dale LOT NO. 49 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 3½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area _____

Soil Characteristics PS clay

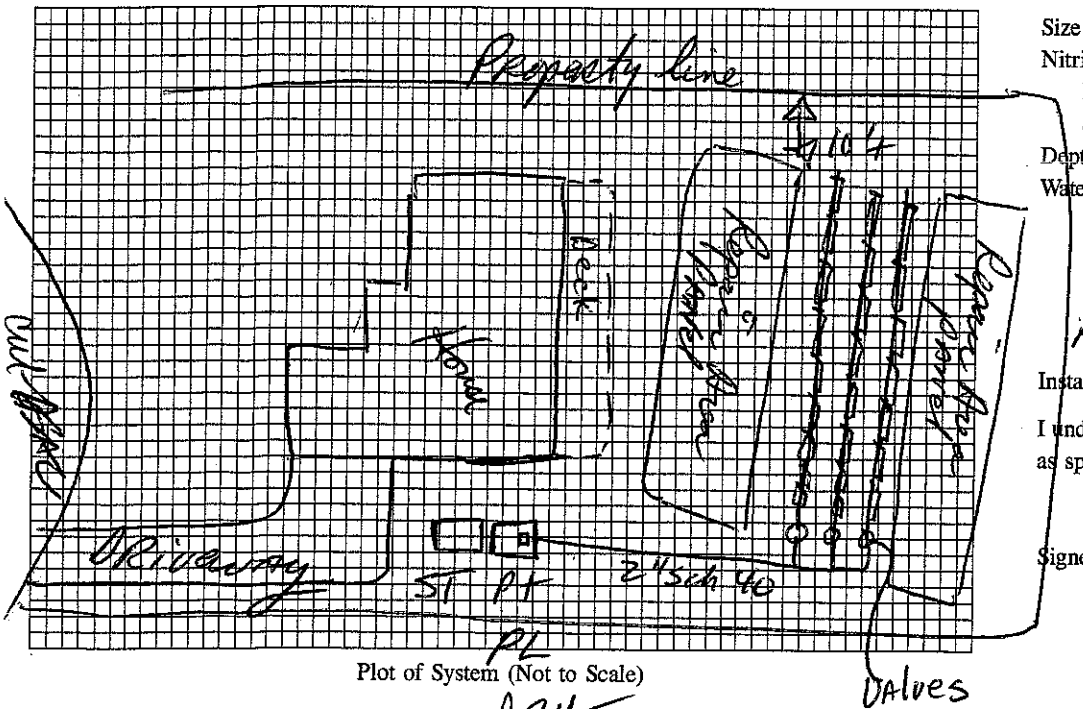
Application Rate .3 gall/SFPD/day

Topography ~4%

Depth to Water Table 7 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 1500/1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 230 of

Depth of Stone in Lines 16" PPBS

Water Supply: Individual ☐ Public ☑

PL

Installed by Orbison

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 ARH

COMMENTS System installed & functioning on Dec 3, '92; however alarm not permanently mounted & final electrical hookup not installed ARH

Operation Permit

CERTIFICATE OF COMPLETION BY ARHanson, RS DATE 12/9/92

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