4635-29-2604

14016

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MI Homes DATE 5/15/92 PERMIT NO. 26-23-A-43

PHONE: Business 542-7469 Home

LOCATION Isle of Pines Rd, TR into Pinedale to 3rd lot on L

S.R. No.

SUBDIVISION NAME Pinedale LOT NO. 43 SECTION OR BLOCK NO. 1

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 P - CL/SIC TRANSITION

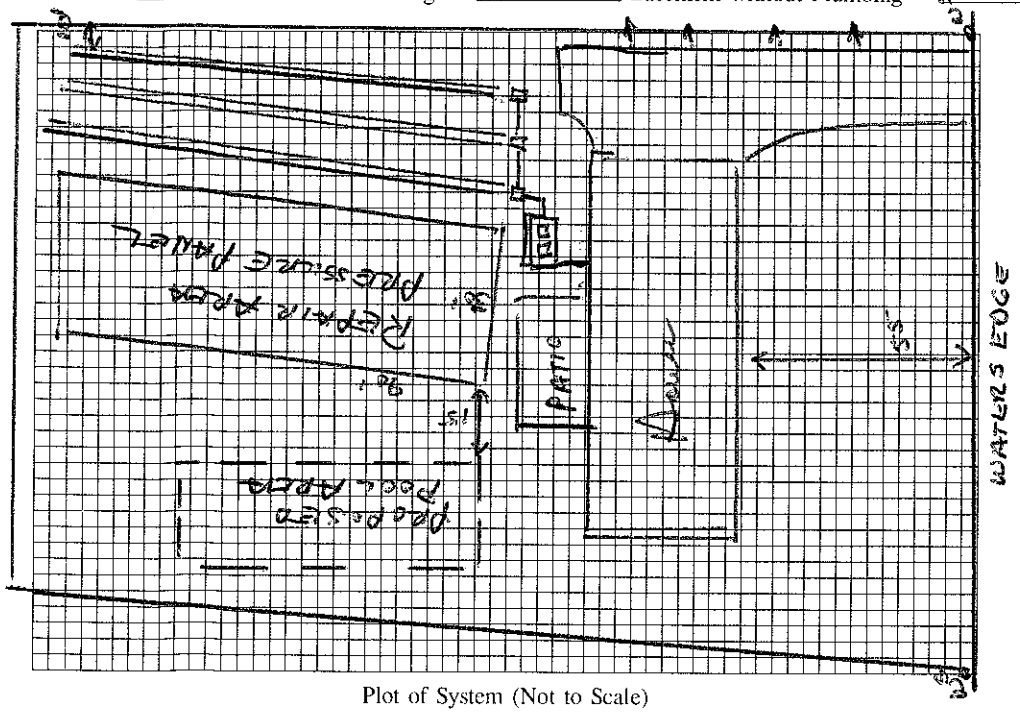
Application Rate P - .3 (SF, WK FINE structures)

Topography P - 2%

Depth to Water Table 5 - >48"

Rock or other impervious formations 5 - None found

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 90' x 2'

Sq. Ft. 1600 Linear Ft. 270

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☐ comm

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 _____

COMMENTS Trenches veined in during completion - mud should be removed from top layer of filter sand.

~~+ OPERATIONS PERMIT~~

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 5/15/92

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

14010

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MI Homes DATE 2/18/92 PERMIT NO 26-23-A-43

PHONE: Business _____ Home 542-7469

LOCATION Isle of Pine Rd, TR into Pinedale to 3rd Lot on (L)

SUBDIVISION NAME Pinedale LOT NO. 43 S.R. No. _____ SECTION OR BLOCK NO. 1

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 P-cl/sic

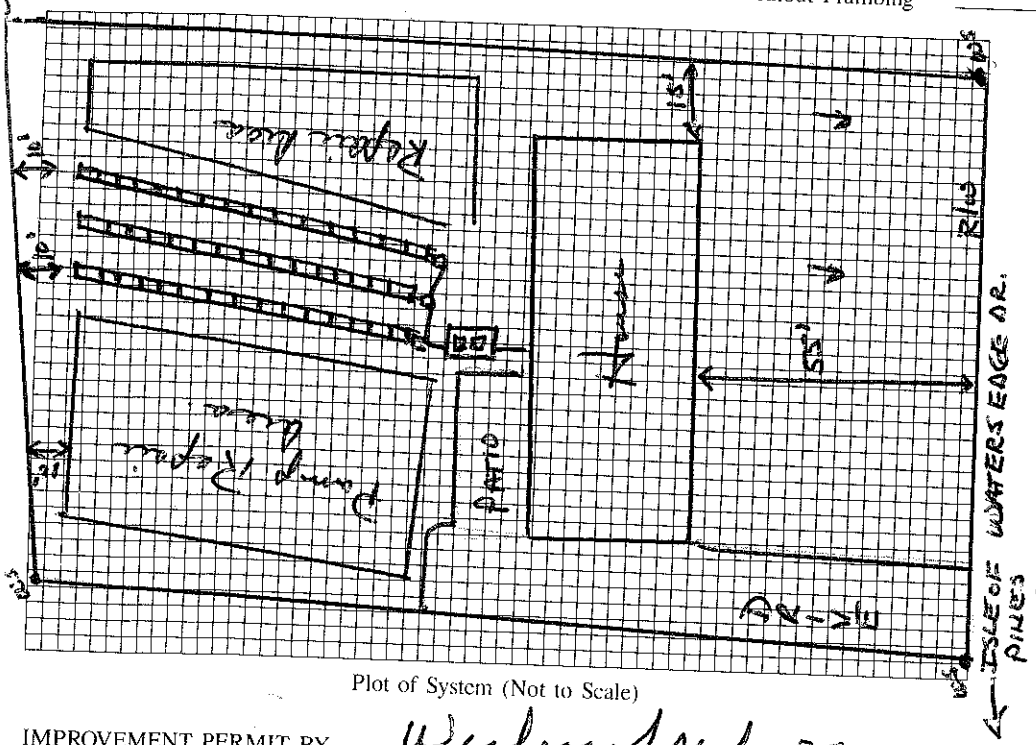
Application Rate P .3

Topography <20%

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 Gals.

Nitrification Field:

No. of Lines 3 @ 90' X 2'

Sq. Ft. 1600 Linear Ft. 266

Depth of Stone in Lines 6" SAND

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 Trenches no deeper than 32" to trench bottom. Trenches on slope contour as shown with drop boxes used as shown here. Drain lines must be installed according to manufacturers specifications. Separation between trenches is to be 8' on centers.

CERTIFICATE OF COMPLETION BY _____

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