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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M. I. Homes DATE Sept 28, '92 TAX MAP# PERMIT NO. 2623A26

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 TR Walsford Drive 4th lot on right

S.R. No. _____

SUBDIVISION NAME Pinedale LOT NO. 26 SECTION OR BLOCK NO. 1

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 20,000 ft²

Soil Characteristics PS clay

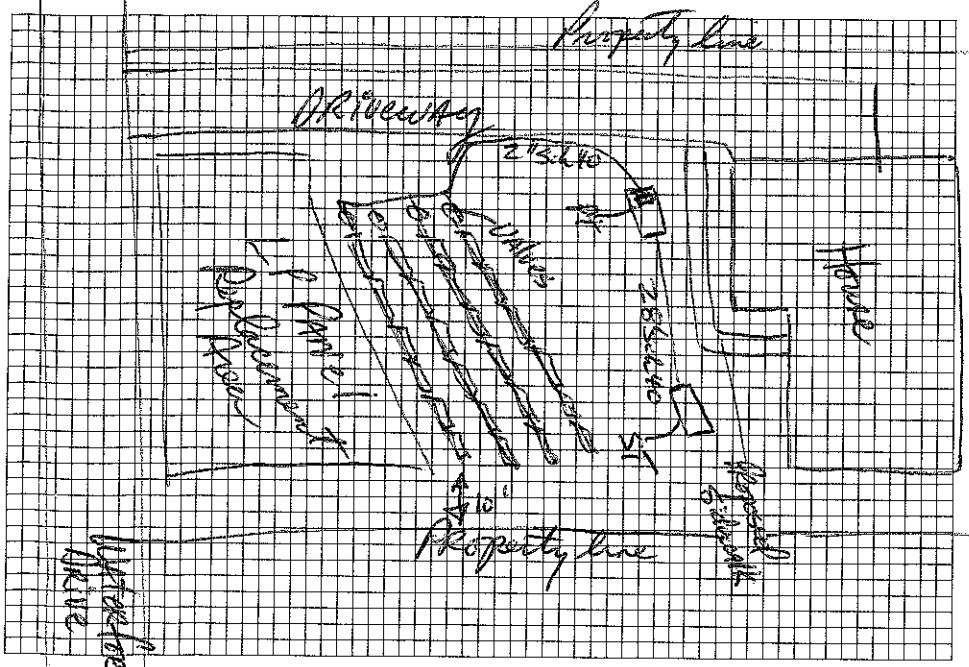
Application Rate .3 gpd/ft²/day

Topography rolling

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 1500 ST / 1500 PT Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 220' of

Depth of Stone in Lines 24" 16" PPBS

Water Supply: Individual ☐

Public ☑ CWS

Installed by Dobson

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 8/25/92 Trenfield checked by AWS;
8/26/92 Tanks checked, pressure checked, alarm tested by DHH.

Operation permit

CERTIFICATE OF COMPLETION BY D R Hanson IRS DATE Sept 28, 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