4635-29-3580

IREDELL COUNTY HEALTH DEPARTMENT

15520 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MI Homes DATE Feb 25, '93 PERMIT NO. 26 23A46

PHONE: Business _____ Home _____

LOCATION 1100 TR 1113 TR Waterford TR Highview on right S.R. No. _____

SUBDIVISION NAME Pinedale LOT NO. 46 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 ~23,400 ft²

Soil Characteristics psclay

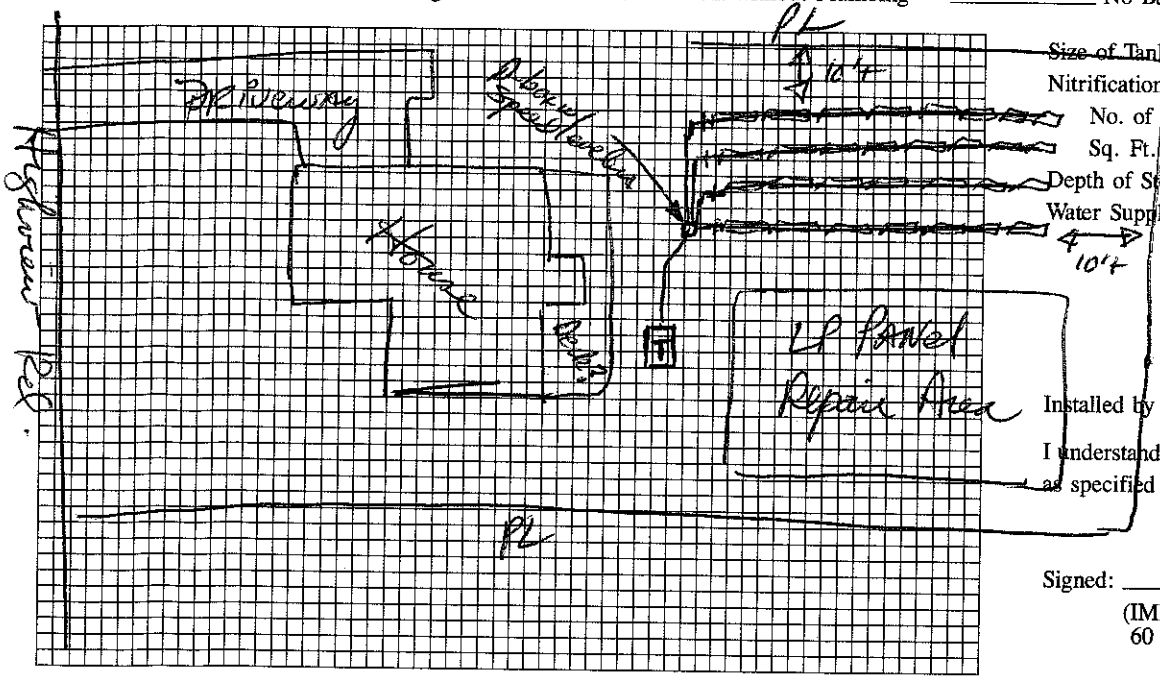
Application Rate .3 gal/ft²/day

Topography rolling

Depth to Water Table 74'

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 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 270' of

Depth of Stone in Lines 16" PPBPS

Water Supply: Individual ☐ Public ☑ CW

Installed by Owner

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 DRH

COMMENTS Deck not constructed as of this date

CERTIFICATE OF COMPLETION BY DR Hanson RS DATE 2/25/93

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

1-30-2000

IREDELL COUNTY HEALTH DEPARTMENT

15520

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M. I. Homes DATE Dec. 4, '92 PERMIT NO. 2623A46

PHONE: Business _____ Home _____

LOCATION 1100 TL1113 TR Waterford DR. TL Highview Rd. on Right

SUBDIVISION NAME Pine Isle S.R. No. _____

LOT NO. 46 SECTION OR BLOCK NO. _____

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 ~23,400 ft²

Soil Characteristics PsC clay

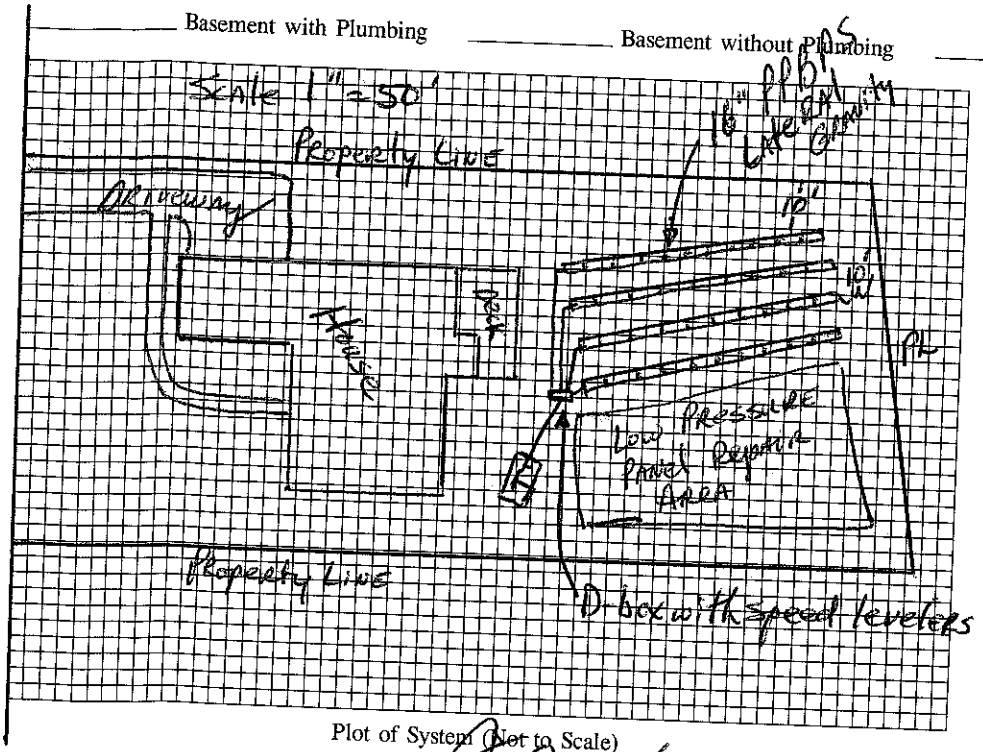
Application Rate .3 gal/ft²/day

Topography 4-6%

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 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 270' of 16" PPBS

Depth of Stone in Lines _____

Water Supply: Individual ☐ Public ☑ Gravity

Installed by Robert Hinson

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 Mark R. Hinson RS

COMMENTS Follow contour with nitrification field. 36" max trench bottom depth on laterals.

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

DATE _____

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