15183

4635-29-4034

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MI Homes DATE Oct. 12, 1992 PERMIT NO. 2623A-56

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113, TR Waterford, TL Highview, TR Harbor Shore Ct
2nd Lot on Left S.R. No. _____

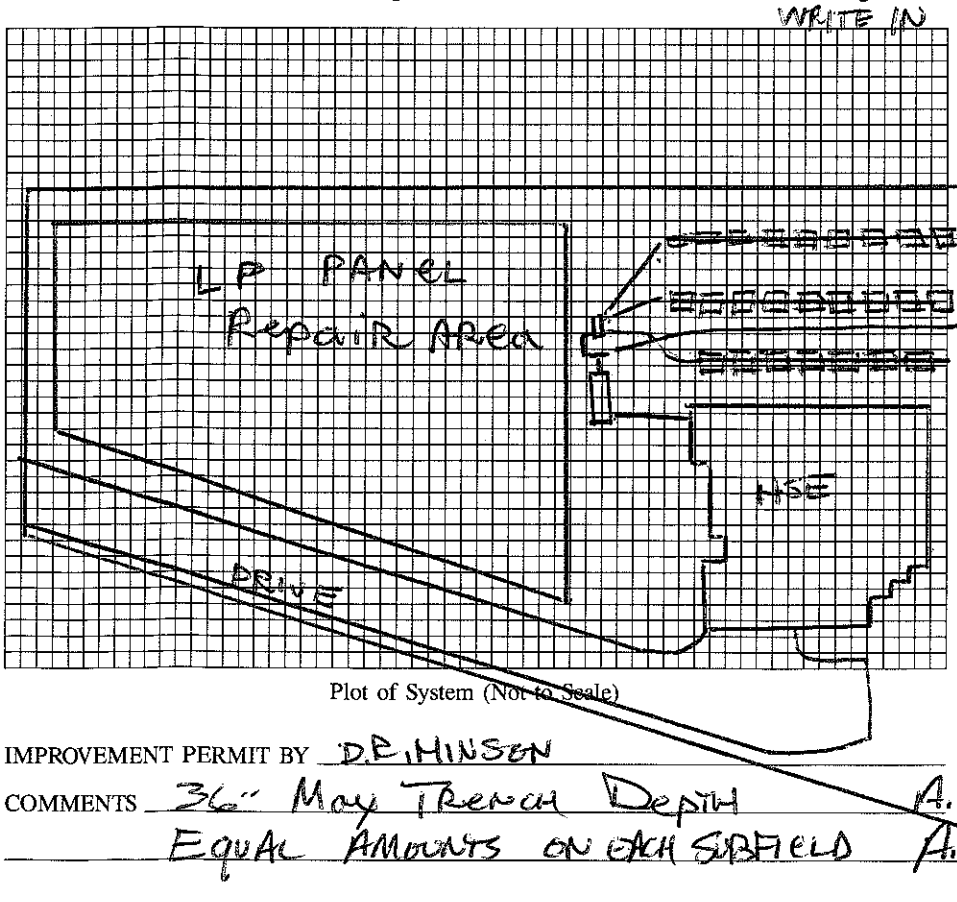
SUBDIVISION NAME Pine Isle LOT NO. 56 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2 1/2
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 gal/ft²/day
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)

WRITE IN 11-6-92

Size of Tank 1500 GCS STB-780 Gals.
Nitrification Field: Flow Divider/Director
No. of Lines to 2 Sub Fields A.L.
Sq. Ft. _____ Linear Ft. 270' of
Depth of Stone in Lines 16" PPBPS
Water Supply: Individual ☐
Public ☑ Community Water

Installed by Onbrison

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 D.R. HINSON

COMMENTS 36" Max Trench Depth A.L.
Equal Amounts on each Subfield A.L.

CERTIFICATE OF COMPLETION BY Andrea J. Lemon, RS DATE 12/30/92

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

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IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MI Homes DATE Oct 12, '92 PERMIT NO. 2623A-56

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 TR Waterford TL Highview TR Harbor Shore Ct 2nd lot on left S.R. No. _____

SUBDIVISION NAME Pine Isle LOT NO. 56 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 ≥ 20,000 ft²

Soil Characteristics psc clay

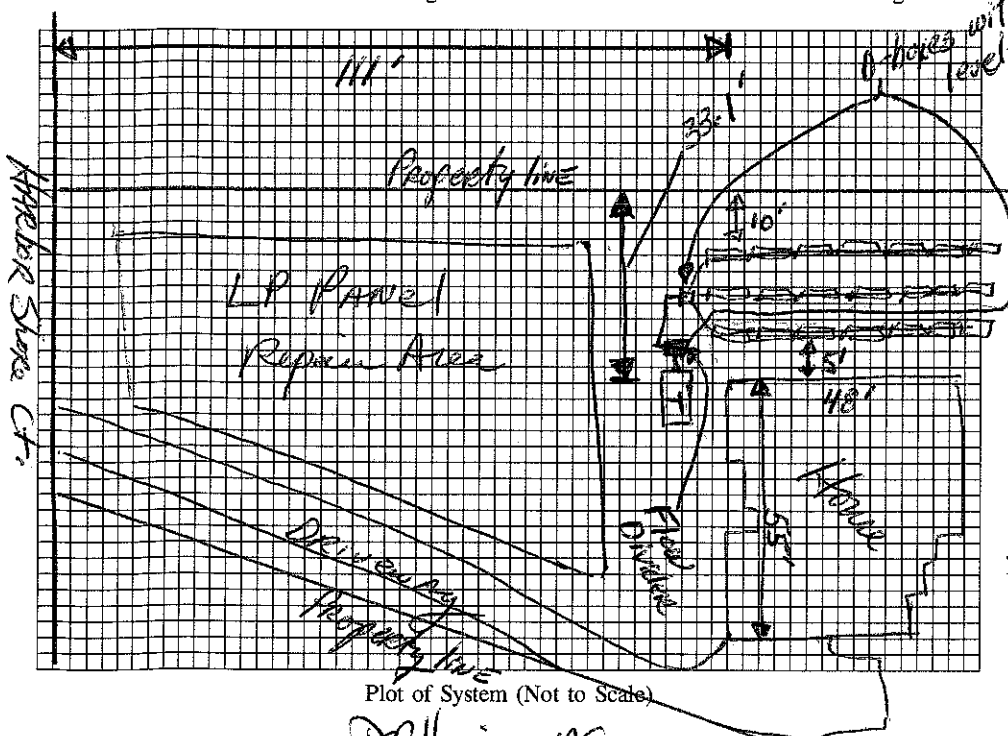
Application Rate .3 gal/ft²/day

Topography n+e

Depth to Water Table > 4'

Rock or other impervious formations None obs.

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



Plot of System (Not to Scale)

Size of Tank 1500 Gals.

Nitrification Field: Flow Divider/Distributor

No. of Lines to 2 subfields

Sq. Ft. _____ Linear Ft. 270' of f

Depth of Stone in Lines 16" min

Water Supply: Individual ☐

Public ☑ CW

Installed by _____

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: Top Change P.E. Ralph Vernon

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY DR Hinson, RS

COMMENTS 36" max trench bottom depth.
Equal amounts (135') on each subfield.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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