4635-29-4227

14958

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M. I Homes DATE Nov. 20, '92 PERMIT NO. 2623A48

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 TR into Pinedale TL 1st STREET ON right at jct of Highview & Harborshore S.R. No. _____

SUBDIVISION NAME Pine dale LOT NO. 48 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 3.5

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 720,000 ft²

Soil Characteristics Pselby

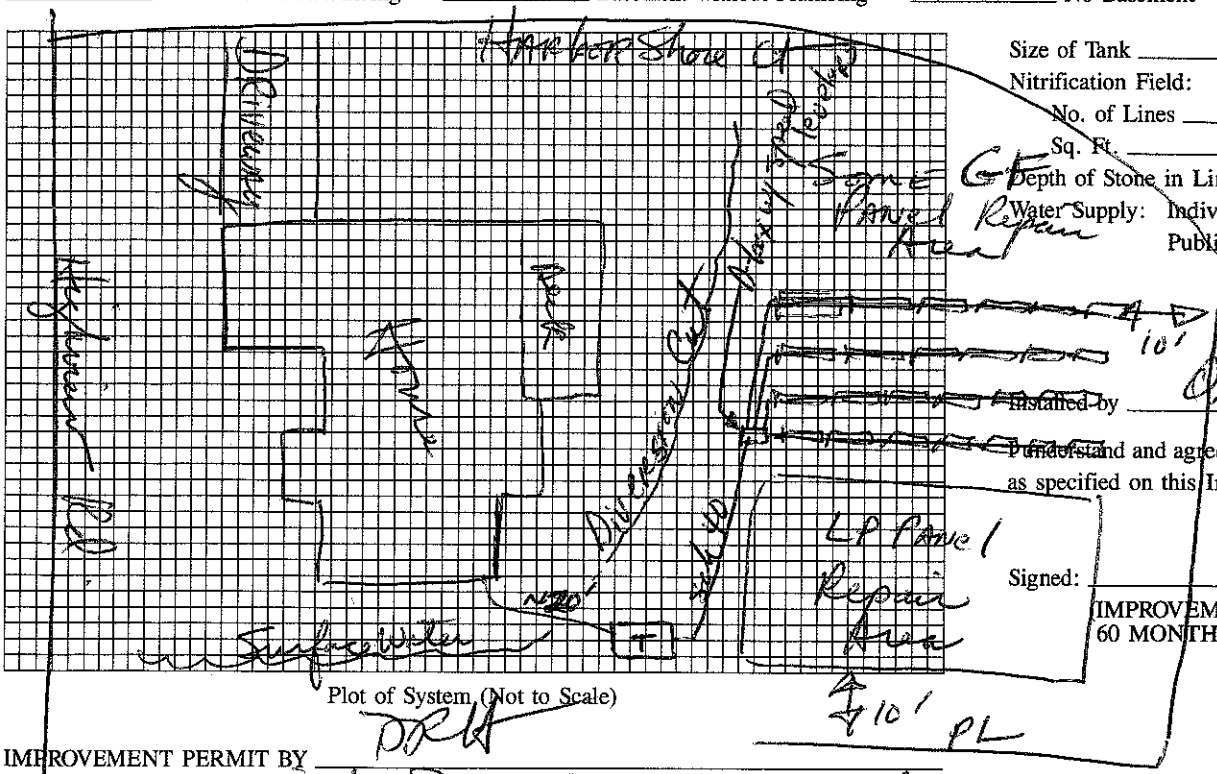
Application Rate .3

Topography 2 & 3

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 GT

Depth of Stone in Lines 16" PBPS

Water Supply: Individual ☐ Public ☑ CW

Installed by Calvin

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 Majority of repair area to be pumped (LP) panel

CERTIFICATE OF COMPLETION BY DR Hinson IRS DATE 11/20/92

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

14958

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M. I. Homes DATE July 31, '92 PERMIT NO. 2G23A48

PHONE: Business ________ Home ________

LOCATION 1100 TL 1113 TR into Pine Isle TL 1st STREET

SUBDIVISION NAME Pine Isle S.R. No. ________

LOT NO. 48 SECTION OR BLOCK NO. ________

House ☑ Mobile Home ☐ Business ☐ Other ________

No. Bedrooms 4 No. Bathrooms 3.5

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 720,000 ft²

Soil Characteristics psclay

Application Rate .3 gal/ft²/day

Topography ~4%

Depth to Water Table 74'

Rock or other impervious formations none obs.

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

Size of Tank 1500 Gals.

Nitrification Field:

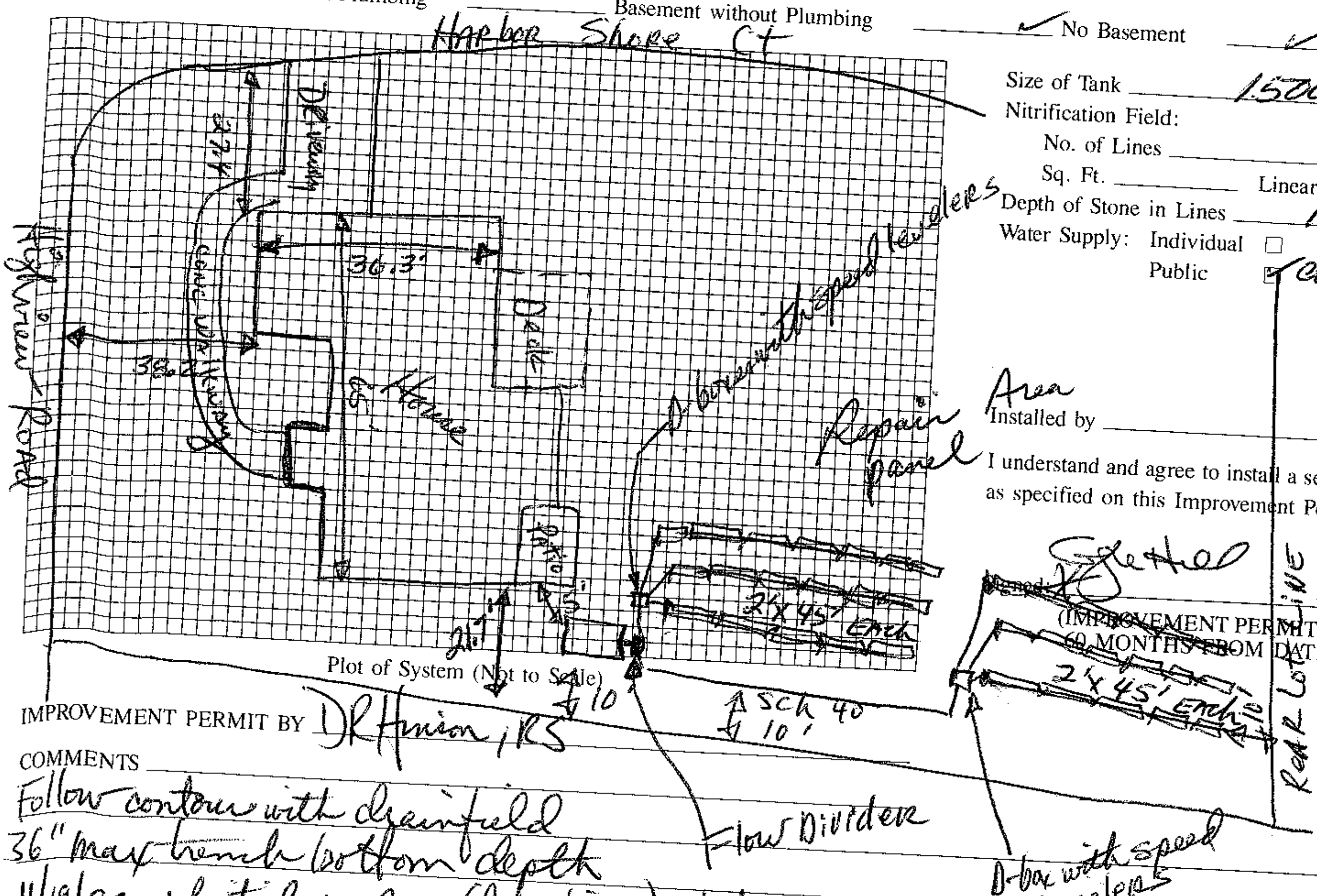
No. of Lines ________

Sq. Ft. ________ Linear Ft. 270' of

Depth of Stone in Lines 16" PPBS

Water Supply: Individual ☐

Public ☑ CW



Installed by ________

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

Signed: [signature]

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

Plot of System (Not to Scale)

IMPROVEMENT PERMIT BY DR Hinson, RS

COMMENTS

Follow contour with drainfield

36" max trench bottom depth

11/19/92 Initial system (drainfield) to be gravity flow and located at lower end in repair area due to house being lower and grading that has occurred around it. Repair to be pumped panel. DRH

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