4635-29-4903

IREDELL COUNTY HEALTH DEPARTMENT

14358

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M. I. Homes DATE Aug 21, '92 PERMIT NO. 2623A24

PHONE: Business _____ Home _____

LOCATION 1100 TR 1113 TR Waterford 2nd lot on right

S.R. No. _____

SUBDIVISION NAME Pine Dale LOT NO. 24 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. Maching Yes ☑ No ☐

Lot Area .64AC

Soil Characteristics PSclay

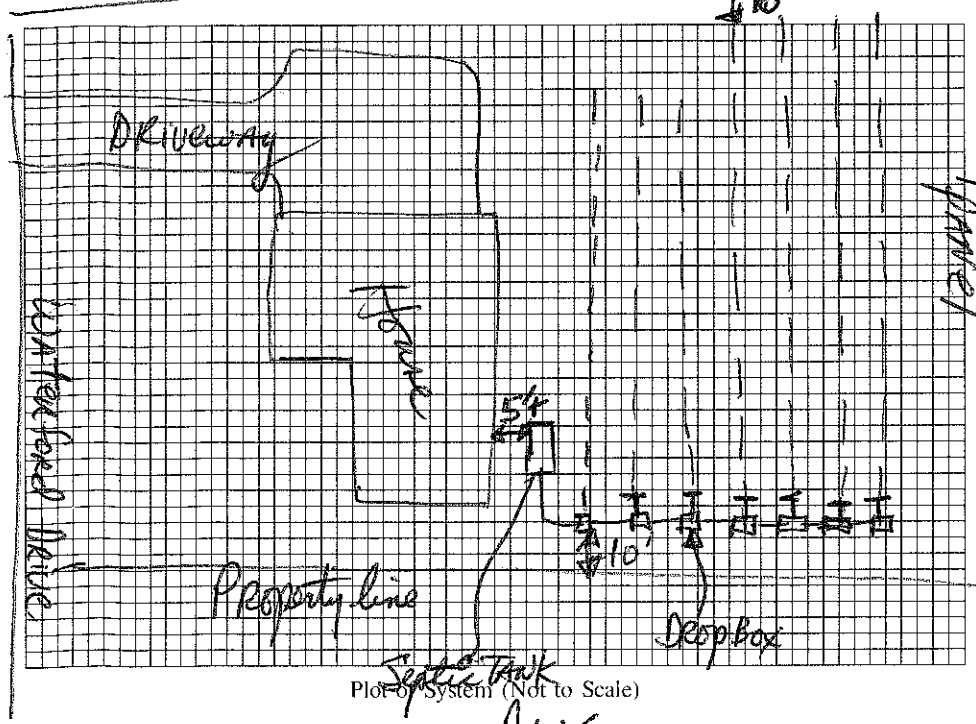
Application Rate .35 gal/SF/day

Topography 10-15%

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 7

Sq. Ft. 380 Linear Ft. 460

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑ CW

Installed by Orbison

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 _____

CERTIFICATE OF COMPLETION BY D R Hinson, RS DATE 8/21/92

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

14358

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M I Homes DATE 4/1/92 PERMIT NO 26-23-A-24

PHONE: Business 376-9800 Home

LOCATION Pinedale, take off Pines off Brawley School TR into Pinedale to 2nd lot on (R)

SUBDIVISION NAME Pinedale S.R. No.

LOT NO. 24 SECTION OR BLOCK NO. 1

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 .64 AC

Soil Characteristics P - C (SP - F)

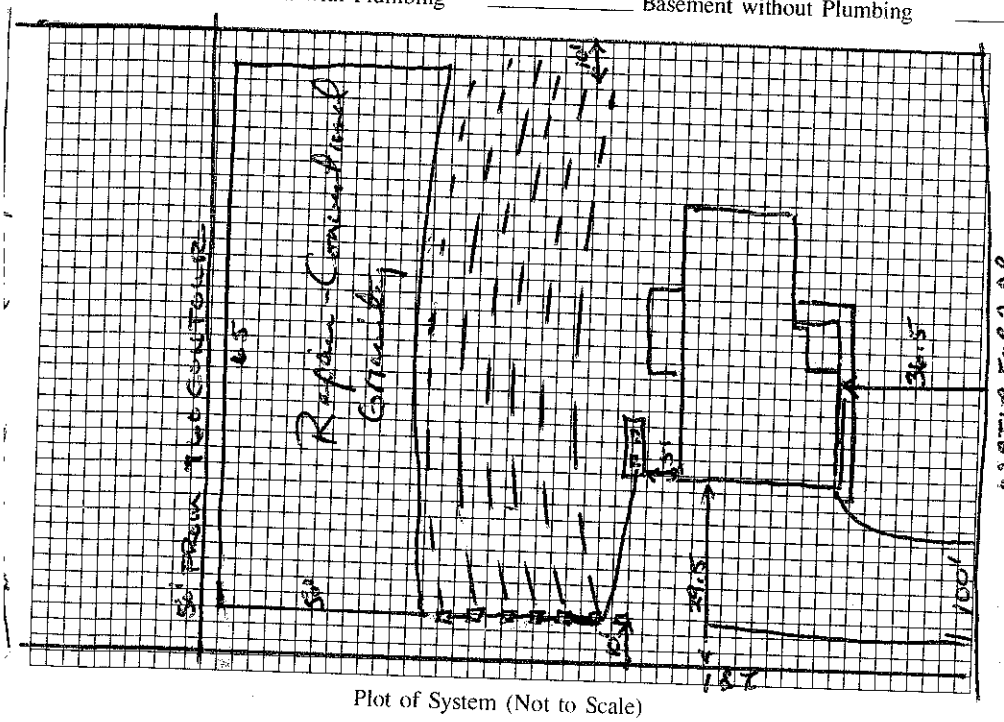
Application Rate P .35

Topography P - 8%

Depth to Water Table S - >48"

Rock or other impervious formations None found

_____ 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 7 @ 65' x 3'

Sq. Ft. 1371 Linear Ft. 457

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Comm System

Public ☑

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 L.S.

COMMENTS Drop boxes used as shown or too much area will be used up. Trenches no deeper than 36" to trench bottom. Lines are to run on slope contour not against contour.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

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