15184

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MI Homes DATE 1/15/93 PERMIT NO. 2623 A57

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 TR WATERFORD TL HIGHVIEW ON RIGHT AT CORNER WITH HARBOR SHORE CT. S.R. No. _____

SUBDIVISION NAME PINE ISLE LOT NO. 57 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 > 20,000 FT²

Soil Characteristics P - C

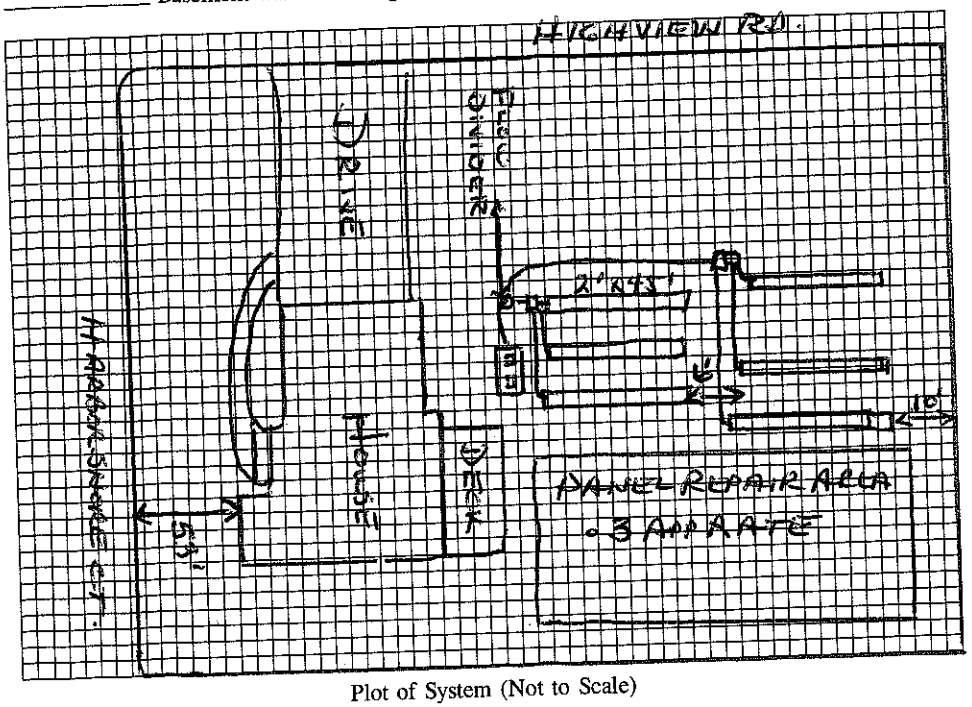
Application Rate P - .3 (A, AP, WK SBK)

Topography B - 2%

Depth to Water Table 5 > 48"

Rock or other impervious formations 5 NONE OBSERVED

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



Plot of System (Not to Scale)

Size of Tank 1500 Gals.

Nitrification Field: FLOW DIVIDER TO

No. of Lines 2 SUBFIELDS / EQUAL SIZE Sq. Ft. _____ Linear Ft. 270' ✱

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☐ Public ☑ C/W

✱ Prefabricated Permeable Panel Blocks - 16"

Installed by Orbison Septic Svc's

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 _____

COMMENTS Panel system by developers choice. System caved after several days of rain - wet conditions. More rain expected in next few days.

✱ OPERATION PERMIT

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 1/15/93

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

15184

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M. I. Homes DATE Sept. 25, '92 PERMIT NO. 2623457

PHONE: Business _____ Home _____

LOCATION 1180 TL 1113 TR Waterford TL Highview on right at corner with Harbor shore Ct. S.R. No. _____

SUBDIVISION NAME Pine Dale LOT NO. 57 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 720,000ft²

Soil Characteristics ps c bby

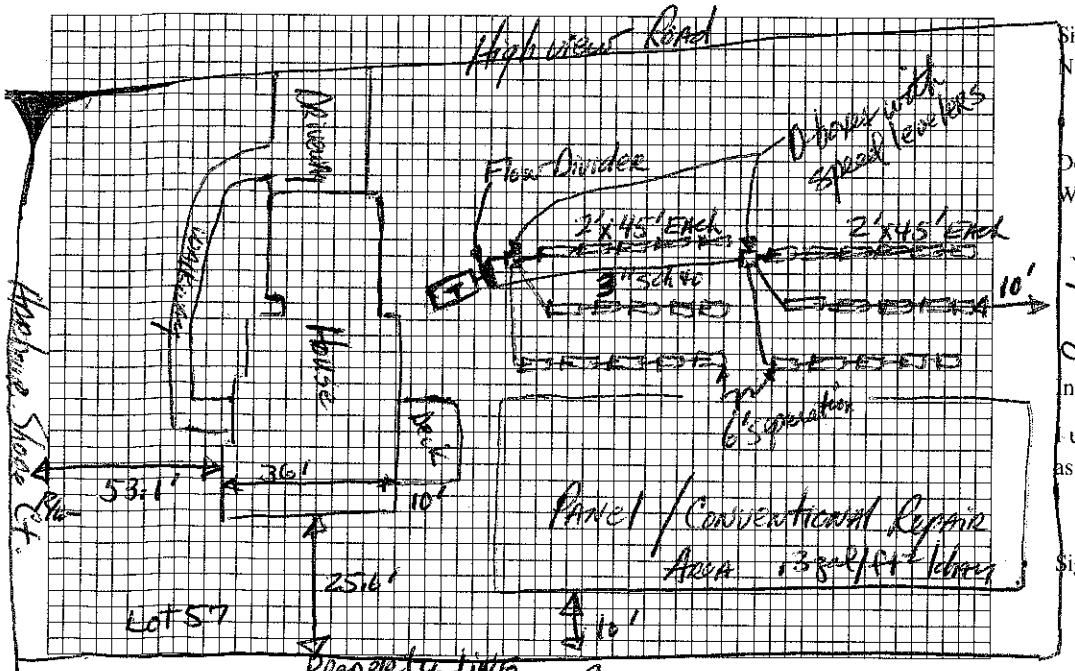
Application Rate @ 3 gal/ft²/day

Topography 2%

Depth to Water Table >41

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: Flow Divider to 2 subfields equal size

No. of Lines 2 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: _____

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

Permit signed & picked up Oct 6, '92

IMPROVEMENT PERMIT BY J. K. Hanson RS.

COMMENTS Panel System opted for by developer in order to save trees.
Follow contour w/ drainfield.
1/7/92 Subfield closest to house & 2/3's of 2nd subfield installed JKH

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