4635-29-5903

15185

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MI Homes DATE Jan 20, '93 PERMIT NO. 623A23

PHONE: Business _____ Home _____

LOCATION 1100 TL 1163 TR Waterford 1st lot on Right

S.R. No. _____

SUBDIVISION NAME Pinedale LOT NO. 23 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 4

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area >20,000 ft²

Soil Characteristics psclay

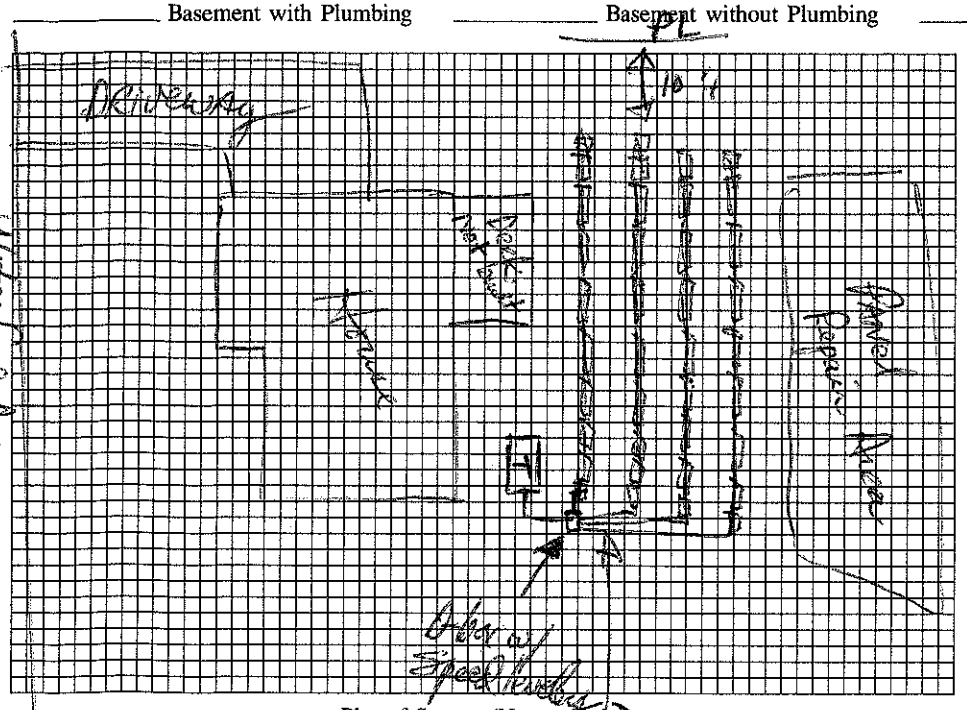
Application Rate .3

Topography 10-15%

Depth to Water Table >4'

Rock or other impervious formations NONE

_____ 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" PPBP

Water Supply: Individual ☐

Public ☑ Cav

Installed by Atkinson

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 _____

CERTIFICATE OF COMPLETION BY Atkinson JRS DATE 1/22/93

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

15185

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MI Homes DATE Oct 15, '92 PERMIT NO. 2623A23

PHONE: Business 376-9800 Home

LOCATION 1100 TL 1113 TR Waterford 1st lot on Right

S.R. No.

SUBDIVISION NAME Pine Isle LOT NO. 23 SECTION OR BLOCK NO. Phase I

House ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ± 20,000 ft²

Soil Characteristics PS Clay

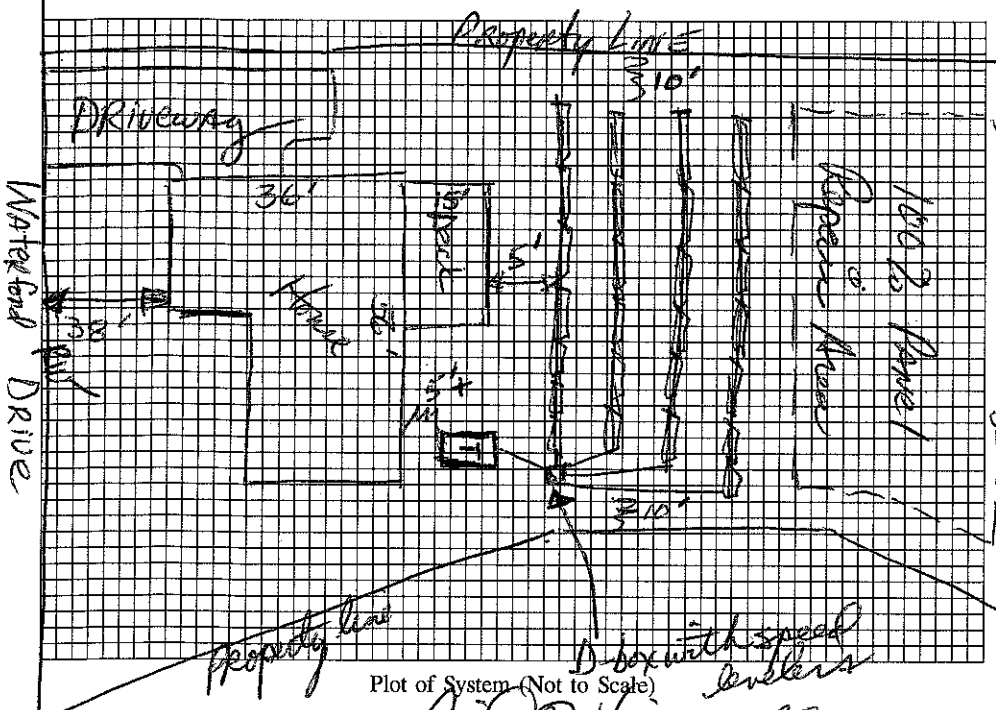
Application Rate .3 gal/ft²/day

Topography 5 10-15%

Depth to Water Table ± 4' on initial system, ± 3' on Repair

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" 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: X Ralph Vernon

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

IMPROVEMENT PERMIT BY Jack R. Hinson, RS.

COMMENTS Nitrification trenches to follow contours 36" MAX trench bottom depth. PPBS used due to available space.

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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