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IREDELL COUNTY HEALTH DEPARTMENT

15817 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MI Homes DATE June 16, '93 PERMIT NO. 2623A77

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 TR Waterford TR Highview on left S.R. No. _____

SUBDIVISION NAME Pine Isle LOT NO. 77 SECTION OR BLOCK NO. 2

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 ~24,000 sq ft

Soil Characteristics PSCL

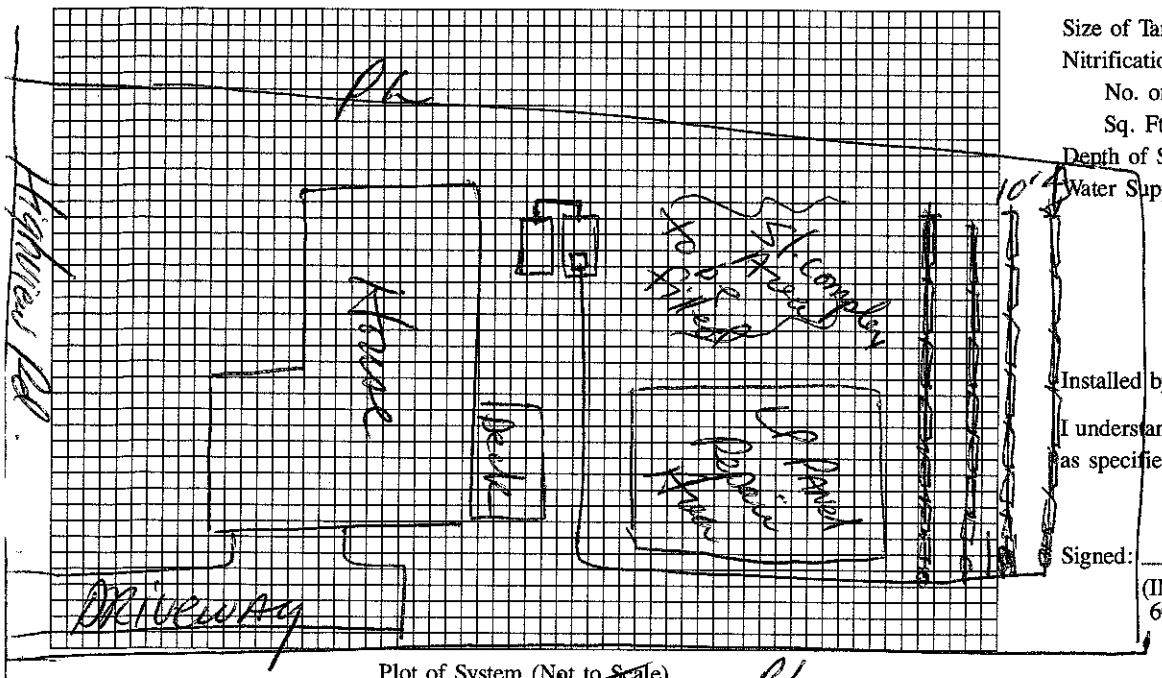
Application Rate .3

Topography 4-6%

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) PL

Size of Tank 1500 / 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 220' of f

Depth of Stone in Lines 16" PPBPS

Water Supply: Individual ☐ Public ☑ Planning closed

Installed by Owner

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 Maintenance agreement received 5/26/93
Alarm monitoring verified on 6/16/93

Operation permit

CERTIFICATE OF COMPLETION BY DR Hinson, RS DATE 6/16/93

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