15817

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M.I Homes DATE Feb. 25, '93 PERMIT NO. 2G23A77

PHONE: Business _____ Home _____

LOCATION 1100 TR 1113 TR Waterford TL Highview on left

S.R. No. _____

SUBDIVISION NAME Pine Isle LOT NO. 77 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 24,000 ft²+

Soil Characteristics PS clay loam trans.

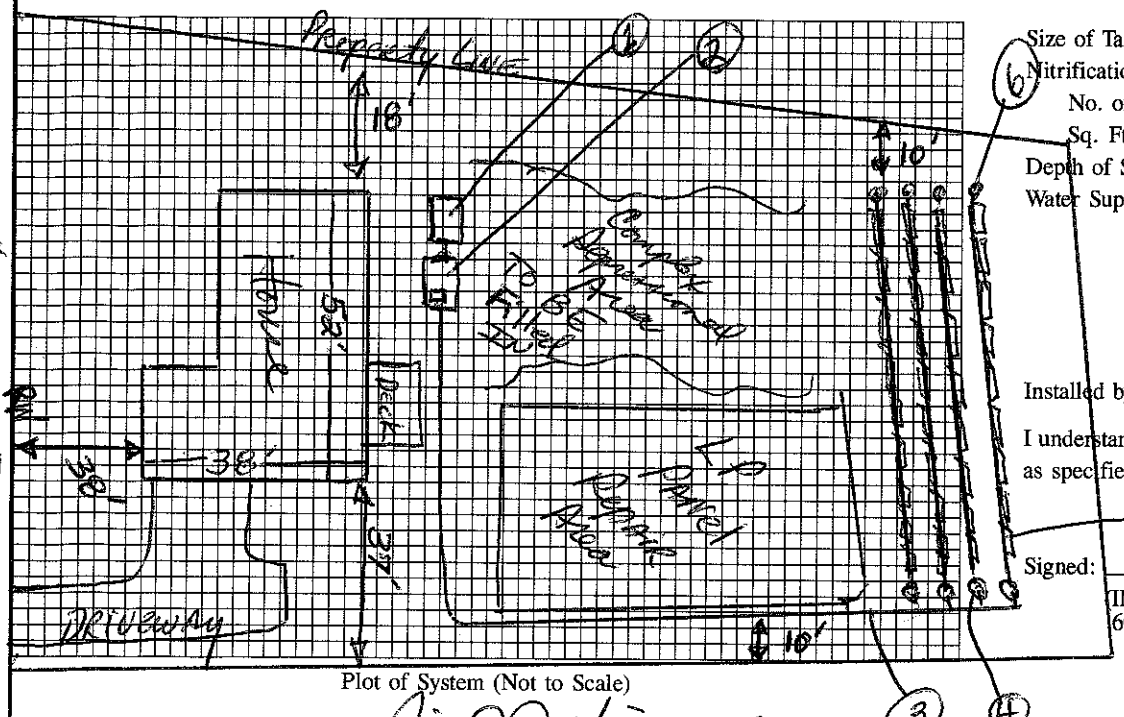
Application Rate .3 gal/ft²/day

Topography 4-6%

Depth to Water Table >4'

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 ST 1500 / PT 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 270 lf

Depth of Stone in Lines 16" PPBPS

Water Supply: Individual ☐ Public ☑ pressure dosed

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 David R. Hinson, RS.

COMMENTS (1) Septic Tank, (2) Pump Tank, (3) 2" Sch 40 pumpline (4) Ball/Gate valve per lateral with covers, (5) 16" PPBPS Lateral, (6) Standpipes w/ below grade adaptor & covers: 62 panels total, 1¼" Sch 40 through panels with one 3/16" hole per panel, located midways and turned up .2' pressure heads

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. * Pump Specs: 37 gal at approx. 20' TDH

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

** Maintenance contract required prior to issuance of Operation Permit