IREDELL COUNTY HEALTH DEPARTMENT 4635-29-6639

13534 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR MI Homes DATE 11/6/91 PERMIT NO. pt 2F-B-80

PHONE: Business _____ Home 542-7469

LOCATION Lot 80 Pinedale, S/S of Pines Rd. TR into Pinedale 1st lot on (L) side of road S. R. No. _____

SUBDIVISION NAME Pinedale LOT NO. 80 SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) (✓) Other Temporary Sales Office/Construction office

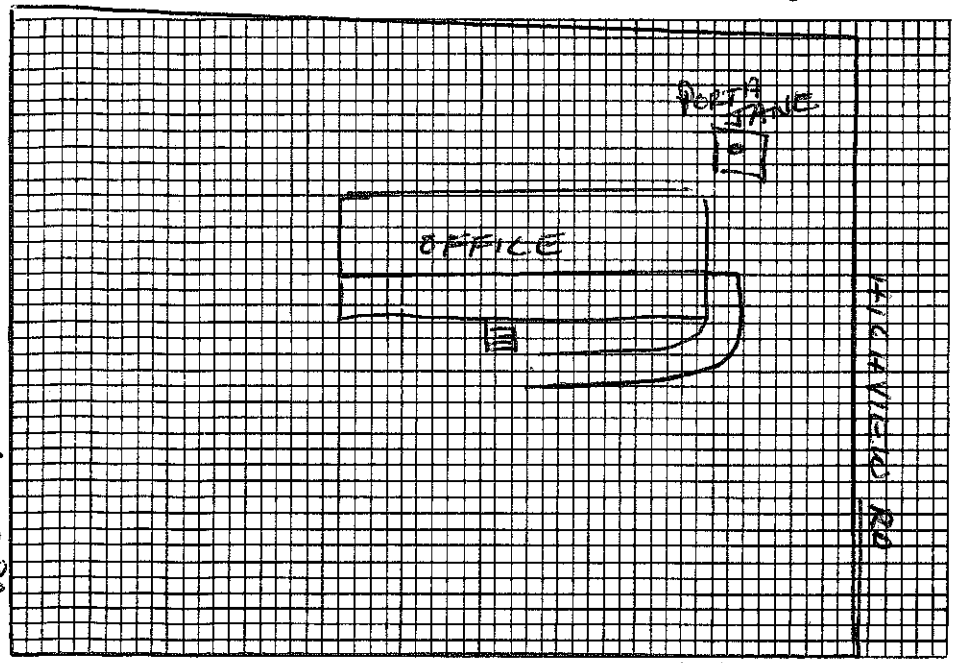
No. Bedrooms _____ No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes ( )	No (✓)	
Auto. Wash. Machine	Yes ( )	No (✓)	
Site Suitable	Yes ( )	No (✓)	

Character & Porosity of Soil N/A
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System WATERS EDGE

Size of Tank N/A Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines 1
Water Supply: Individual ( )
Public (✓) Community System

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Porta John approved for mobile sales office only. No serving water in the sales office. Must be kept clean and presentable at all times

Wesley Sparks RS.

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 false information is supplied in making Improvements Permit.

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