15816

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MI Homes DATE Feb 25, '93 PERMIT NO. 2623A74

PHONE: Business _____ Home _____

LOCATION 1100 TR 1113 TR Waterford TL Highview Rd. on left past past jct w/ Harborshore Ct. S.R. No. _____

SUBDIVISION NAME Pine Isle LOT NO. 74 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

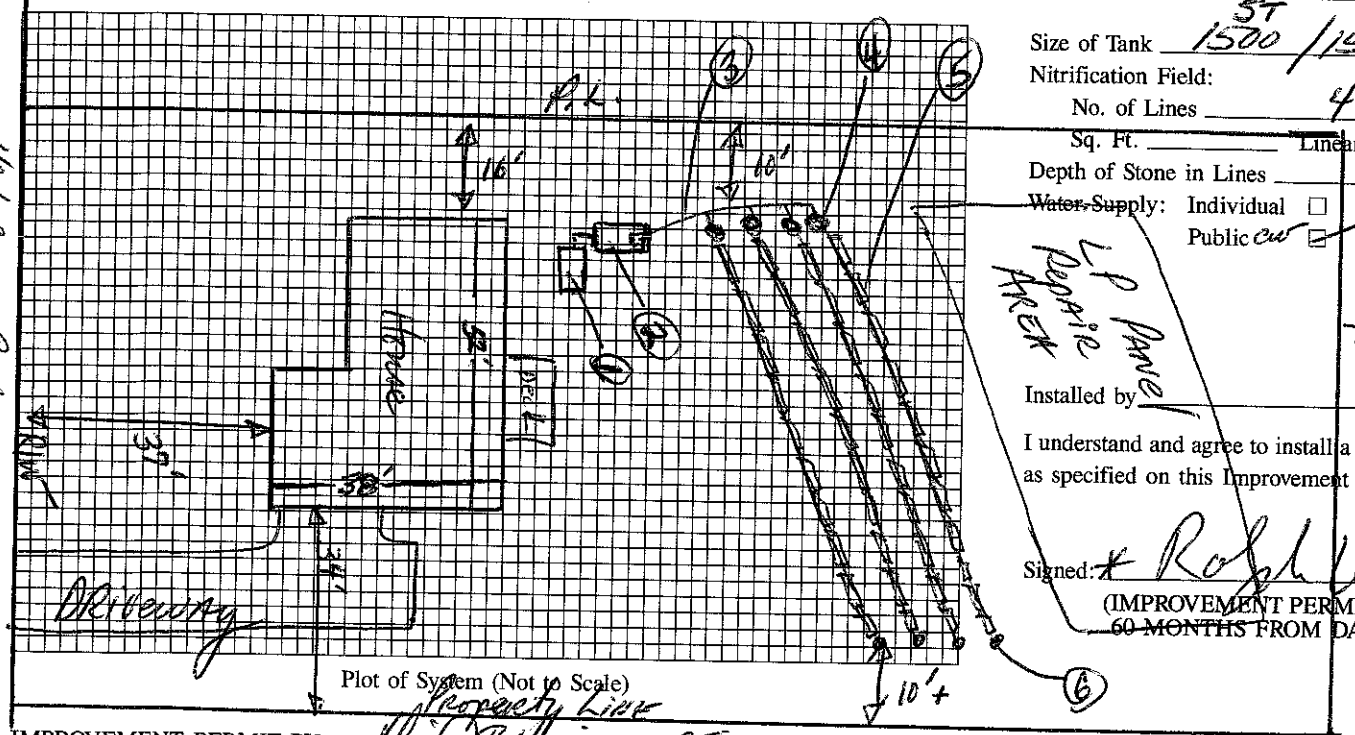
Application Rate .3 gal/ft²/day

Topography ~4%

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' of 16" PVC pressure dosed

Depth of Stone in Lines _____

~~Water Supply~~: Individual ☐ Public cw ☑

Installed by _____

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

Signed: ✗ Ronald Hutson

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

IMPROVEMENT PERMIT BY Ronald R. Hutson REHS

COMMENTS ① Septic tank, ② Pump tank w/ RISER, ③ 2" sch 40 pump line, ④ Ball/Gate valve per Lateral with valve covers ⑤ 16" PVC SDR 35 Lateral, ⑥ Stand-pipe w/ below grade adaptor & valve cover per lateral. 62 panels total, 1¼" sch 40 through panels with ONE 3/16" hole per panel, located midways & turned up. 2' pressure head

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/min 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.