4635 29 7149

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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M.I. Homes DATE June 16 '93 PERMIT NO. 2623A75

PHONE: Business _____ Home _____

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

SUBDIVISION NAME Pinedale LOT NO. 75 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 ≈23,000 ft²

Soil Characteristics PSCLay

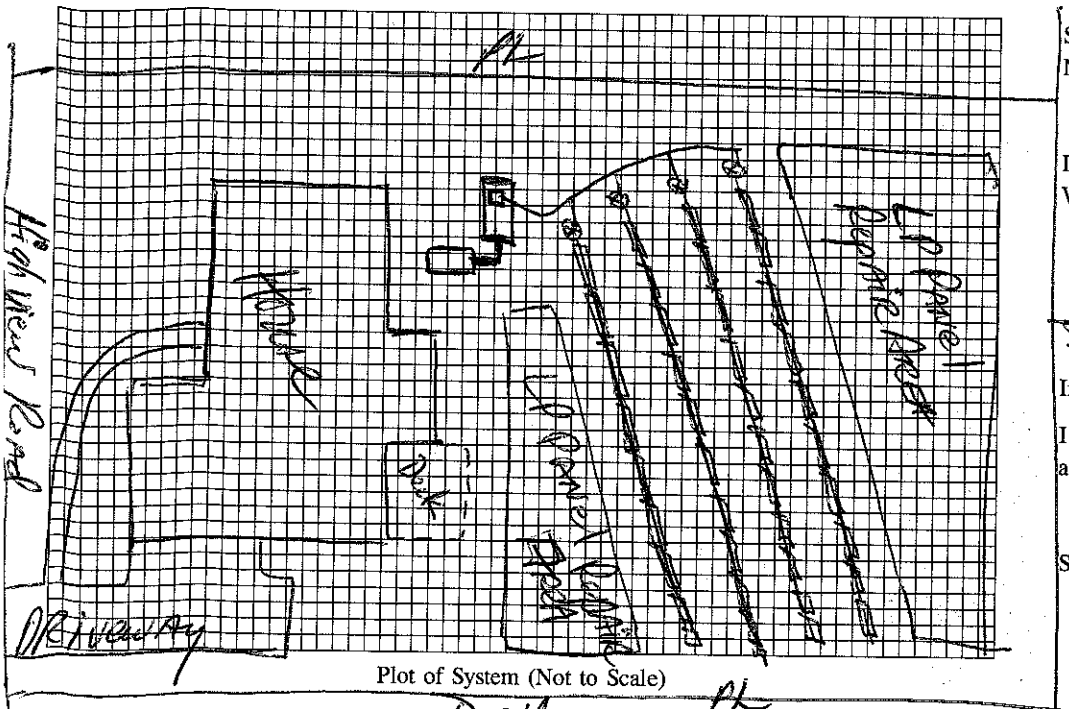
Application Rate .3

Topography ≈4%

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)

Size of Tank 1500/1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 270' of

Depth of Stone in Lines 16" PPBPS

Water Supply: Individual ☐ pressure dosed

CW Public ☑

Installed by Orbison

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 ORH.

COMMENTS Deck not constructed at time system was installed (5/12/93)
Maintenance agreement received 5/26/93
Alarm mounting verified (in garage) on 6/16/93
Operation permit

CERTIFICATE OF COMPLETION BY ORH 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