IREDELL COUNTY HEALTH DEPARTMENT

15922 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M I Homes DATE March 8, '93 PERMIT NO. 2G23A75

PHONE: Business _____ Home _____

LOCATION 1100 TR 1113 TR Waterford TR Highview on left

S.R. No. _____

SUBDIVISION NAME Pine Isle LOT NO. 75 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 ≈ 23,000 ft²

Soil Characteristics psclay

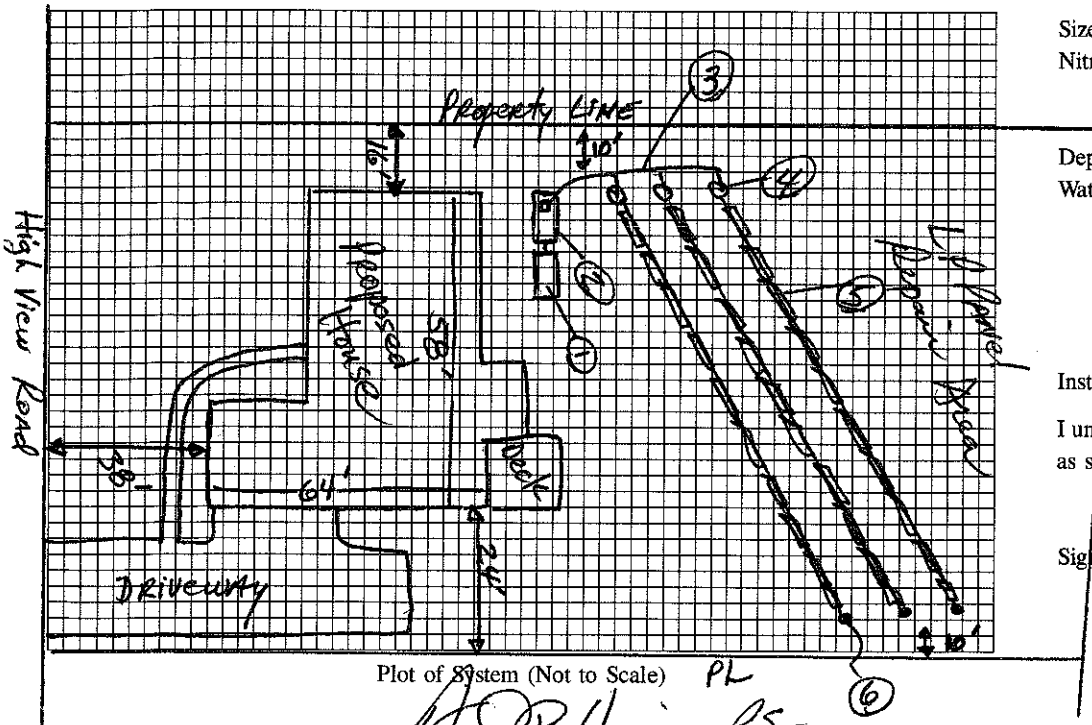
Application Rate .3 gal/ft²/day

Topography ≈ 4% to 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 Septic 1500 / Pump 1500 Gals.

Nitrification Field:

No. of Lines ≈ 3

Sq. Ft. _____ Linear Ft. 270' of

Depth of Stone in Lines 16" PPBPS

Water Supply: Individual ☐ Pressure dosed

CW Public ☑

Installed by _____

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

Signed: Ralph Vernon

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

Pump specs: 3 gal/min at Approx. 20' total head

IMPROVEMENT PERMIT BY Daniel R. Hinson, LS

COMMENTS ① Septic tank, ② Pump tank w/ ACCESS RISER, ③ 2" sch 40 pumpline, ④ Ball/Gate valve per Lateral, ⑤ PPBPS Lateral, ⑥ Stand pipe w/ below grade adaptor and Valve cover per lateral. 62 panels total, 1¼" sch 40 through panels with ONE 3/16" hole per panel - hole located midways of panel and 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.

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

** This system requires a maintenance contract w/ a certified operator prior to issuance of O.P.