1672 4636-00-8123
4636-20-3241

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Ingraham Homes DATE Sept 15, '92 PERMIT NO. 7623418

PHONE: Business ______ Home ______

LOCATION 1100 TL 1113 TR North Shore 3rd lot on left

SUBDIVISION NAME North Shore at Pine Isle LOT NO. 18 S.R. No. ______ SECTION OR BLOCK NO. 1

House ☑ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area > 20,000 ft²

Soil Characteristics ps clay

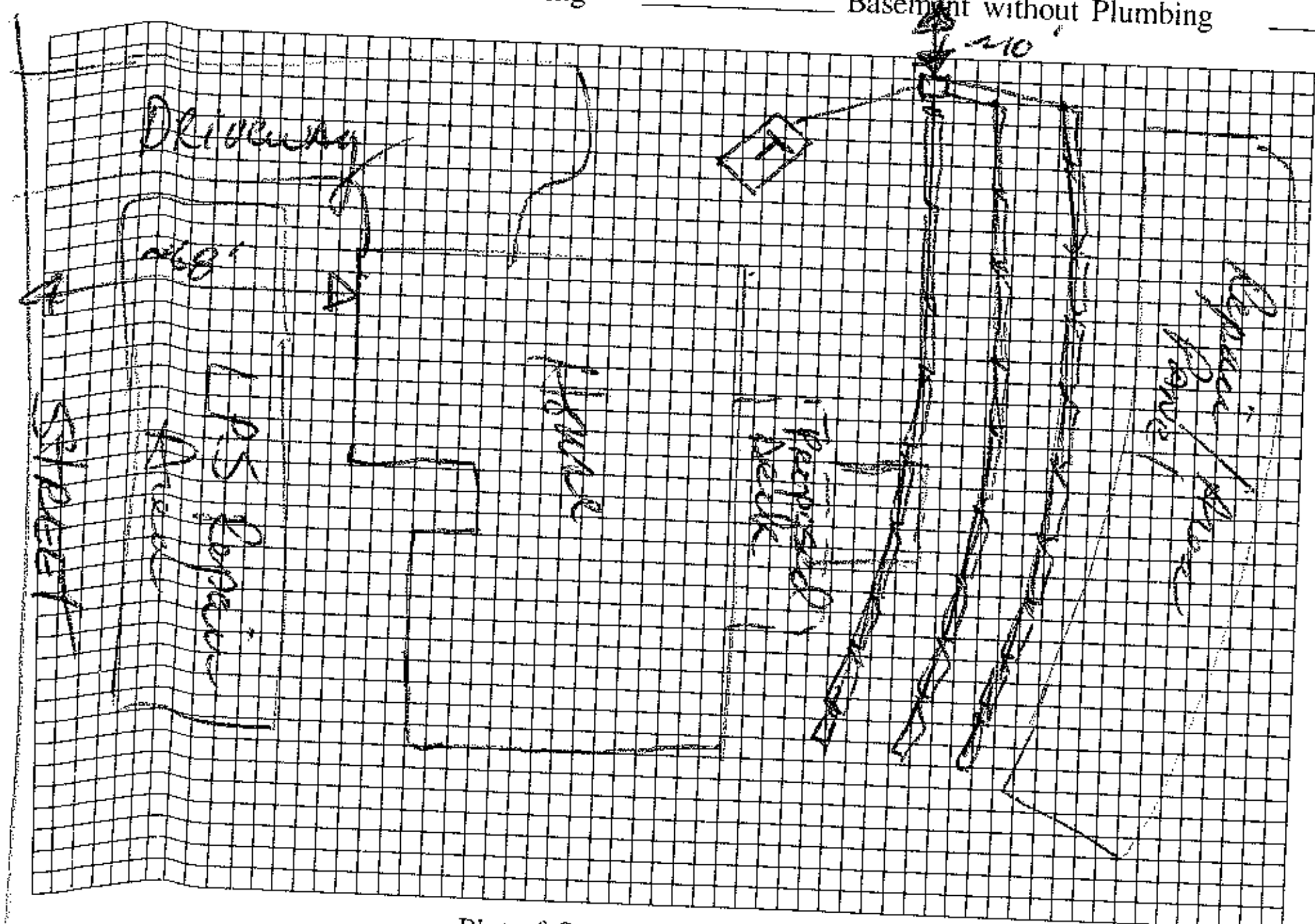
Application Rate .3

Topography 6-8%

Depth to Water Table mottly > 48"

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 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. ______ Linear Ft. 210' of

Depth of Stone in Lines 16" PPBS

Water Supply: Individual ☐

Public ☑ CW

Installed by Leatherman ST Lincoln Co.

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 AWS

COMMENTS Deck not constructed as of date of septic completion.

CERTIFICATE OF COMPLETION BY DL Hinson, RS DATE 9/15/92

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

3:00 +

14672

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Chapman Homes DATE 5/27/92 PERMIT NO. 2G-23-A-18

PHONE: Business 342-0866 Home _____

LOCATION Lake of Pines Rd, TR off 1100 to North Shore TR to 3rd lot on (L) S.R. No. _____

SUBDIVISION NAME Pinehole / North Shore LOT NO. 18 SECTION OR BLOCK NO. 1

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20,000 FT²

Soil Characteristics P - c1/c TRANSITION

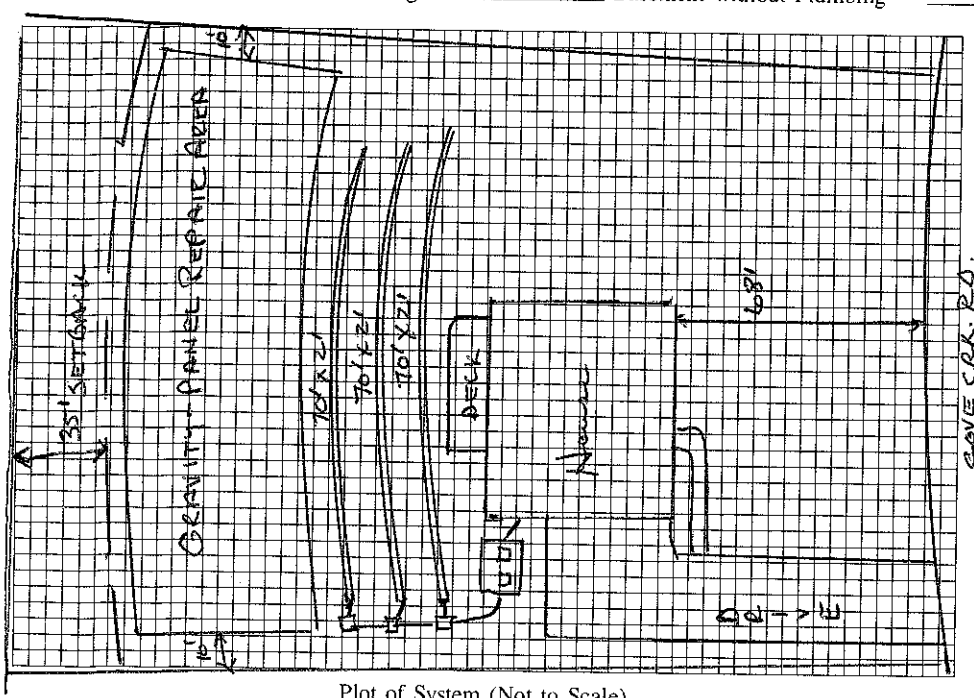
Application Rate P - (SA - wk) .35

Topography P - 4%

Depth to Water Table S - >48"

Rock or other impervious formations S - None Observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3 @ 70' x 2'

Sq. Ft. _____ Linear Ft. 210 *

Depth of Stone in Lines 6" STAND

Water Supply: Individual ☐ COMM

Public ☑ SYSTEM

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 Wesley Sparks RS.

COMMENTS Curtain drain -

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

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