4636-10-0363

13378

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Clayton Homes DATE 2/7/92 PERMIT NO. Ptof 2F-B-10

PHONE: Business 342-0866 Home

LOCATION Shore of Pines, TR on Cove Creek Rd. to 1st house on (L)

S.R. No.

SUBDIVISION NAME North Shore of Pine dale LOT NO. 20 SECTION OR BLOCK NO.

House ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 2 1/2

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 25,000 FT²

Soil Characteristics P - cl

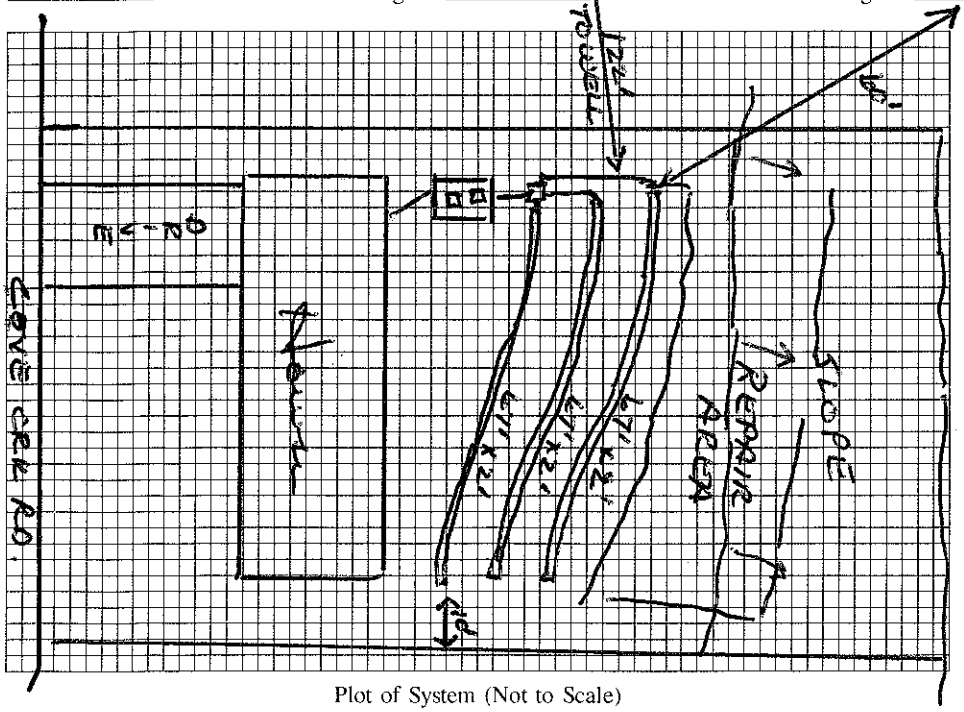
Application Rate .3 (sf)

Topography 5-6%

Depth to Water Table > 48"

Rock or other impervious formations None observed

_____ 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 at 67' x 2'

Sq. Ft. 268' Lineal Ft. 16" Panel

Depth of Stone in Lines

Water Supply: Individual ☐ Comm D/W

Public ☑

268' of panel

Installed by Harveyheathermen

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 DRH

COMMENTS

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 2/7/92

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

IREDELL COUNTY HEALTH DEPARTMENT

13378

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert Ingraham Homes DATE Oct. 8, '91 PERMIT NO. part of 27FB40

PHONE: Business 342-0866 Home

LOCATION 1100 TL 1113 (Circle S Pines Rd.) TR "North Shore" 1st lot on left S. R. No.

SUBDIVISION NAME North Shore at Pine Isle LOT NO. 20 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 ( )

Site Suitable PS Yes (✓) No ( )

Lot Area 25,000 ft²+

Character & Porosity of Soil PS clay

Percolation Rate w.3

Topography 6-10%

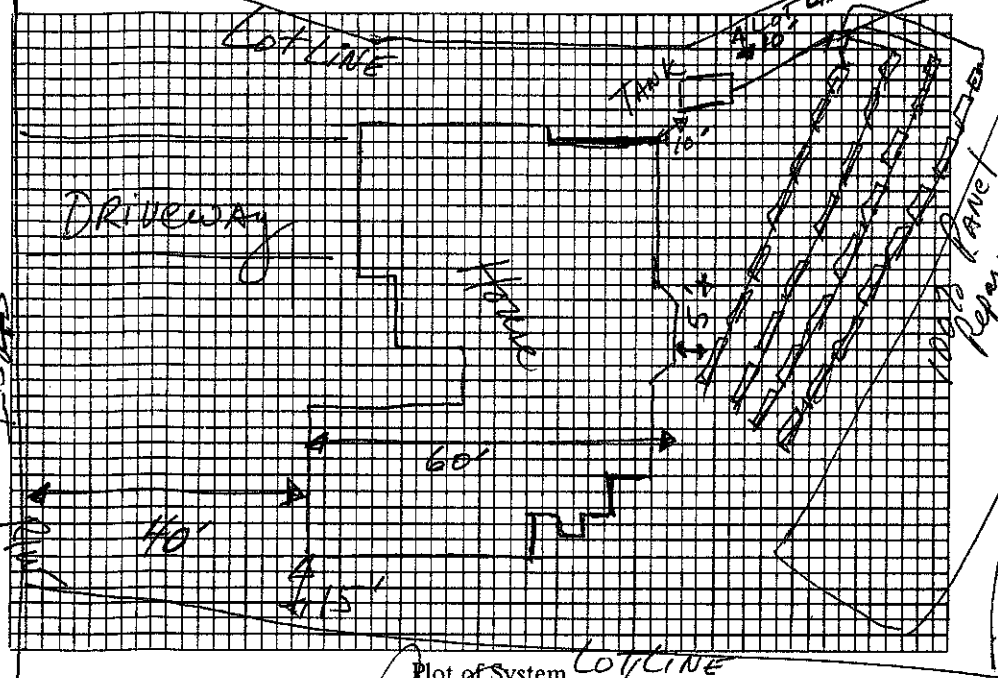
Depth to Water Table 4'+

Rock or other impervious formations none obs.

100' community well radius

D-box w/ speed levelers and 4:2 reducers

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System LOTLINE

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 268' of 16" panel block

Depth of Stone in Lines

Water Supply: Individual ( ) Public (✓)

Installed by

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

Signed: Dianne Ingraham

IMPROVEMENTS PERMIT BY David R. Hinson, RS

COMMENTS: Follow contour with drainfield. 34" maximum trench bottom depth.

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