13374 **IREDELL COUNTY HEALTH DEPARTMENT** 4/03670-3229

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robertshgam Homes DATE 2/7/92 PERMIT NO. Ph 2F-B-10

PHONE: Business _____ Home _____

LOCATION Lake of Pines - TR Cove Creek Rd, TR High Sail Ct, 1st house on Lft. S.R. No. _____

SUBDIVISION NAME North Shore at Pinelake LOT NO. 9 SECTION OR BLOCK NO. 1

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area .596Ac

Soil Characteristics P - clay

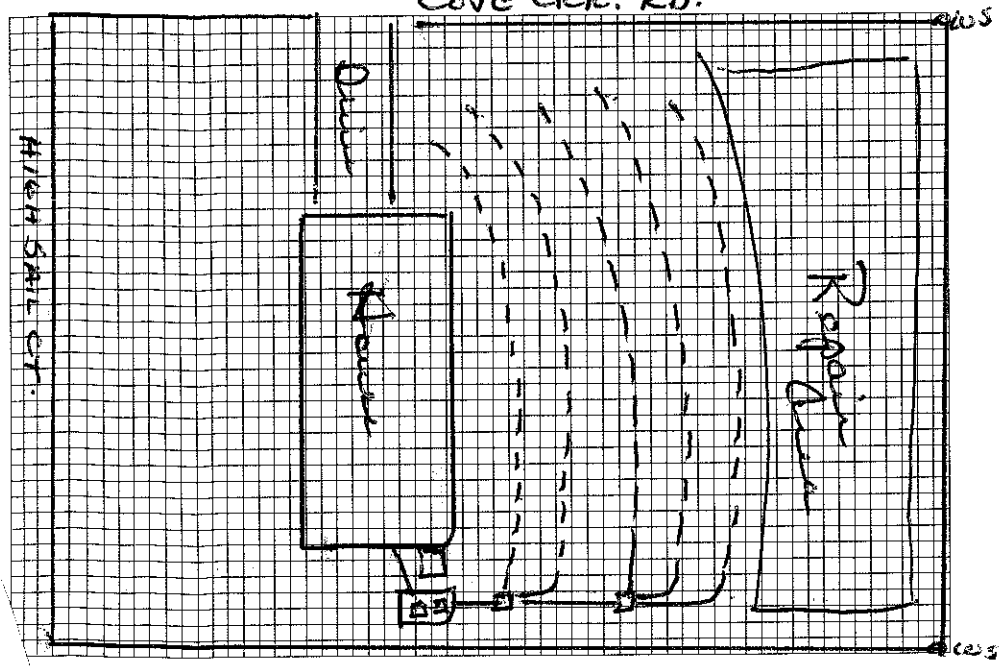
Application Rate .35 - .4

Topography 2%

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 5@ 95' x 3'

Sq. Ft. 1350 Linear Ft. 450

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Comm D/W

Public ☑

Installed by Harvey Leatherman

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.)

ROVEMENT PERMIT BY DRH.

ENTS _____

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

TEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

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 upplied toward securing Improvement Permit.

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

IREDELL COUNTY HEALTH DEPARTMENT

13374

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert Clingman Homes DATE Oct. 3, '91 PERMIT NO. part of 2F-B-10

PHONE: Business _____ Home _____

LOCATION 1100 TR 1113 (Side of Pines Rd.) TR into "North Shore" on Right – corner lot S. R. No. _____

SUBDIVISION NAME North Shore at Pine Isle LOT NO. 9 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

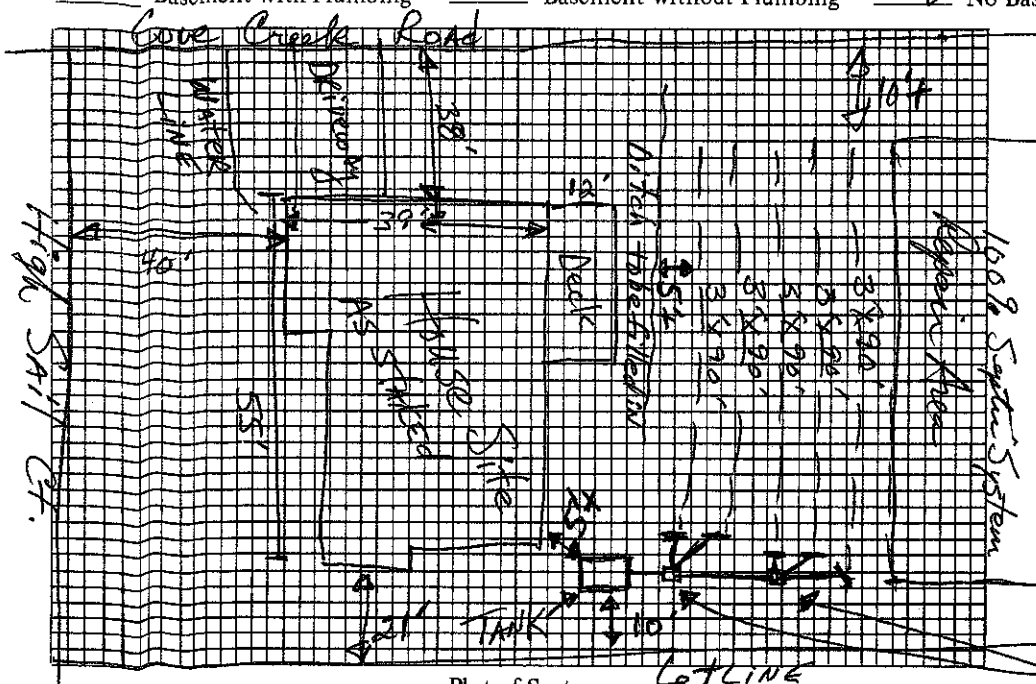
No. Bedrooms 4 No. Bathrooms ~3

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ RS Yes (✓) No ( )

Character & Porosity of Soil RS clay
Percolation Rate .35-.4
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area 1.569 Ac

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1350 Linear Ft. 450
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓) CW

Installed by _____

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

Signed: [signature]

D-boxes with speed levelers.

IMPROVEMENTS PERMIT BY [signature] R. Hinson, RS, EHPL

COMMENTS: Follow contour with drainfield. Maximum trench bottom depth of 36", minimum trench bottom depth of 24".

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