4636-10-4458

IREDELL COUNTY HEALTH DEPARTMENT

14332

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Chgraham Homes DATE July 17, '92 PERMIT NO. 2623A6

PHONE: Business _____ Home _____

LOCATION 1100 TR 1113 TR North Shore TR 1st street at end on left. S.R. No. _____

SUBDIVISION NAME North Shore @ Pine Isle LOT NO. 6 SECTION OR BLOCK NO. _____

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 22,000 ft²+

Soil Characteristics PsCLay

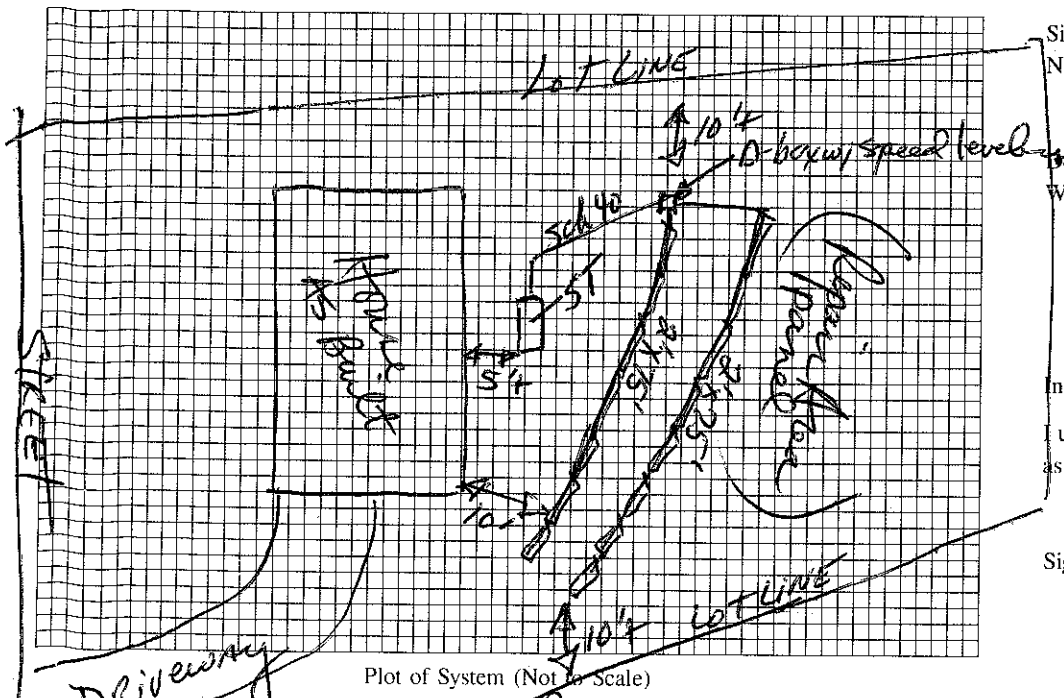
Application Rate .31:4

Topography 2-4%

Depth to Water Table >41

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 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. _____ Linear Ft. 150' of

Depth of Stone in Lines 16" PVC

Water Supply: Individual ☐

Public ☑ Gravity flow CW

Installed by Featherman

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 has not been built as of this date. Drainfield line closest to house marked so future deck can be built to stay off system.

CERTIFICATE OF COMPLETION BY DR Hanson RS DATE 7/17/92

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

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14332

OWNER OR CONTRACTOR Robertshagen Homes DATE 3/25/92 PERMIT NO. 26-23-A-6

PHONE: Business _____ Home 704 342-0866

LOCATION North Shore / Pinedale

S.R. No. _____

SUBDIVISION NAME Pinedale LOT NO. 6 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 - SC

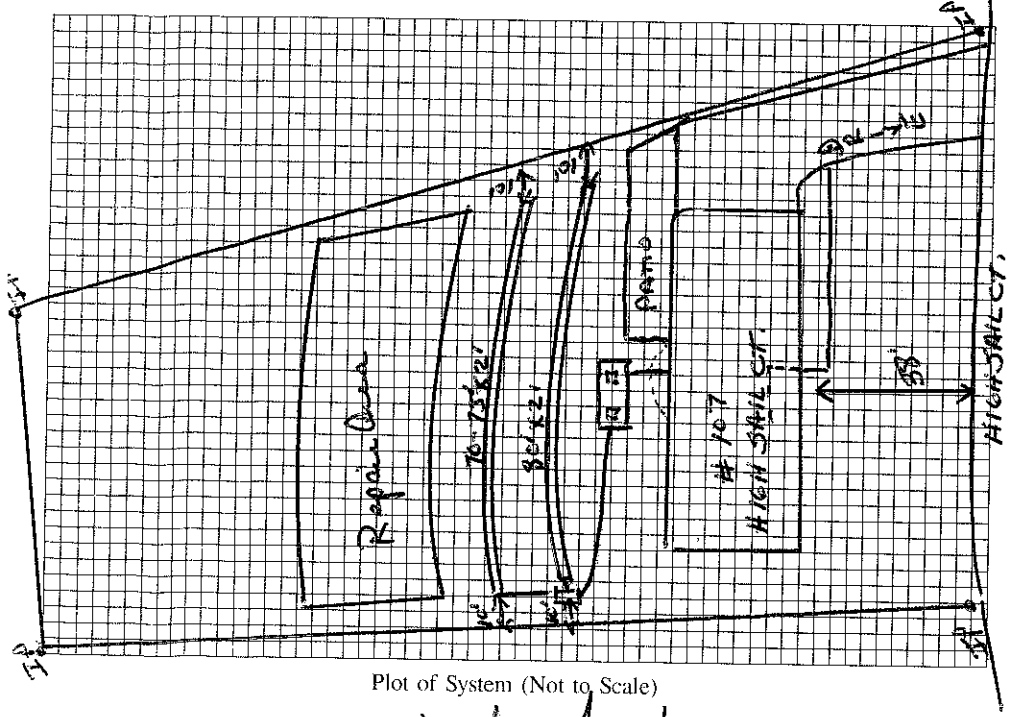
Application Rate .4

Topography 2-3%

Depth to Water Table > 48"

Rock or other impervious formations None encountered

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2@ 80' + 75' x2 *

Sq. Ft. _____ Linear Ft. 150*

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☐ Comm. System Public ☑

* County - Prefabricated Permeable Panels

Installed by _____

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

Signed: Rick Robertshagen

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

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS Trenches no deeper than 30" to trench bottom. Lines on slope contour in direction shown.

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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