16107

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Ingraham Homes DATE April 22, '93 PERMIT NO. 2F-13-10

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 TR into North Shore x Cove TL Wynsweept Drive on left S.R. No. _____

SUBDIVISION NAME North Shore @ Pine Lake LOT NO. 5 SECTION OR BLOCK NO. II

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area > 20,000 ft²

Soil Characteristics ps clay / clay loams.

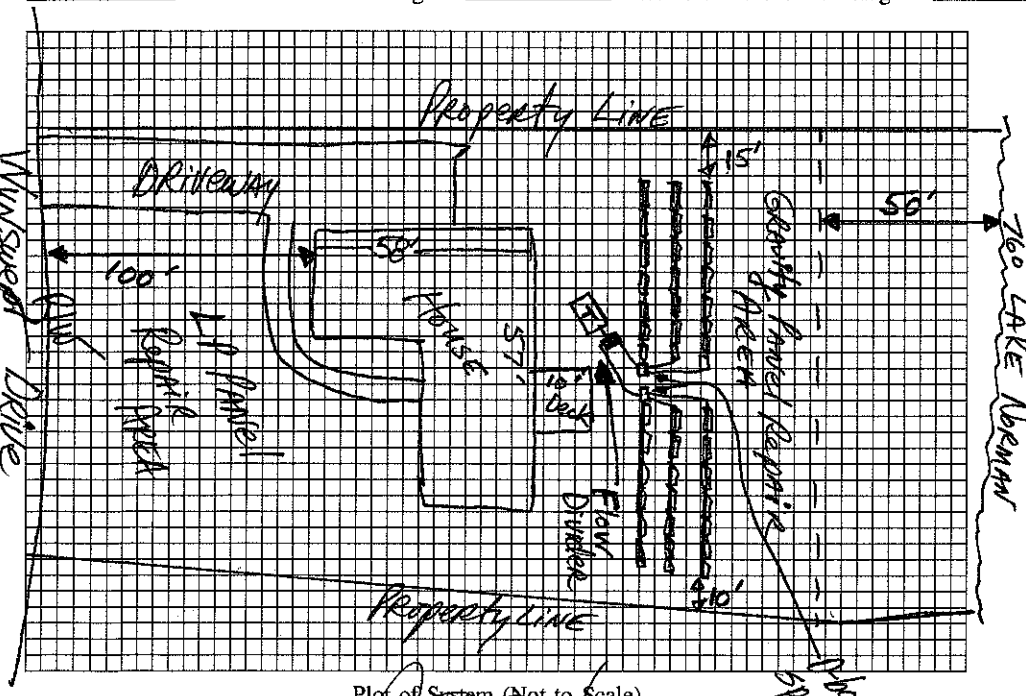
Application Rate .25 - .3 gal/ft²/day

Topography ~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 1500 Gals.

Nitrification Field: Flow Divider → 2 subfields

No. of Lines 3+3

Sq. Ft. _____ Linear Ft. 300' of

Depth of Stone in Lines 16" PPBPS

Water Supply: Individual ☐ Public ☑ CW

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 Jack R. Ferguson, RS.

COMMENTS Follow contour. 36" 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 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