4636-10-5555

# IREDELL COUNTY HEALTH DEPARTMENT

1-4693

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Ingraham Homes DATE Sept. 8, '92 PERMIT NO. G2345

PHONE: Business _____ Home _____

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

SUBDIVISION NAME North Shore at Pine Dale LOT NO. 5 SECTION OR BLOCK NO. 1

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 ☐

Lot Area 720,000 ft²

Soil Characteristics Psclay

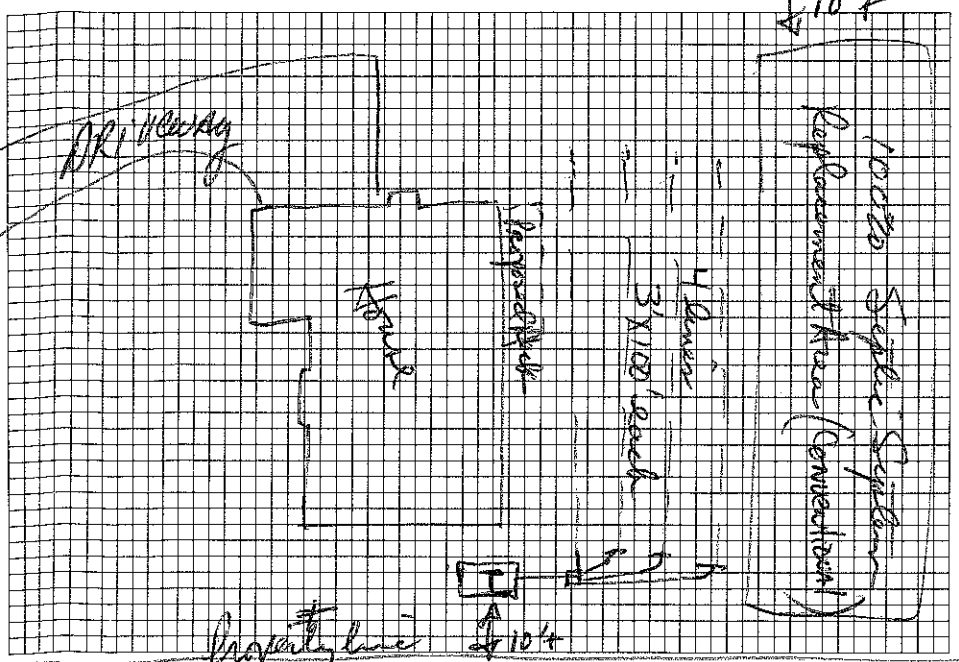
Application Rate 4 / 200

Topography ~

Depth to Water Table 74"

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 4

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☐

Public ☑ CW

SR 1113

Installed by Leatherman 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 DRH

COMMENTS Deck not constructed as of date of septic system approval.

CERTIFICATE OF COMPLETION BY DR Hinson, RS DATE 9/8/92

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

14693

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Ingraham Homes DATE June 10, '92 PERMIT NO. 2G23A5

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 TR North Shore TR High Sail Ct. At end on right S.R. No. _____

SUBDIVISION NAME North Shore at Pine Lake LOT NO. 5 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 ☐

Lot Area ± 20,000 ft²

Soil Characteristics ps clay loam

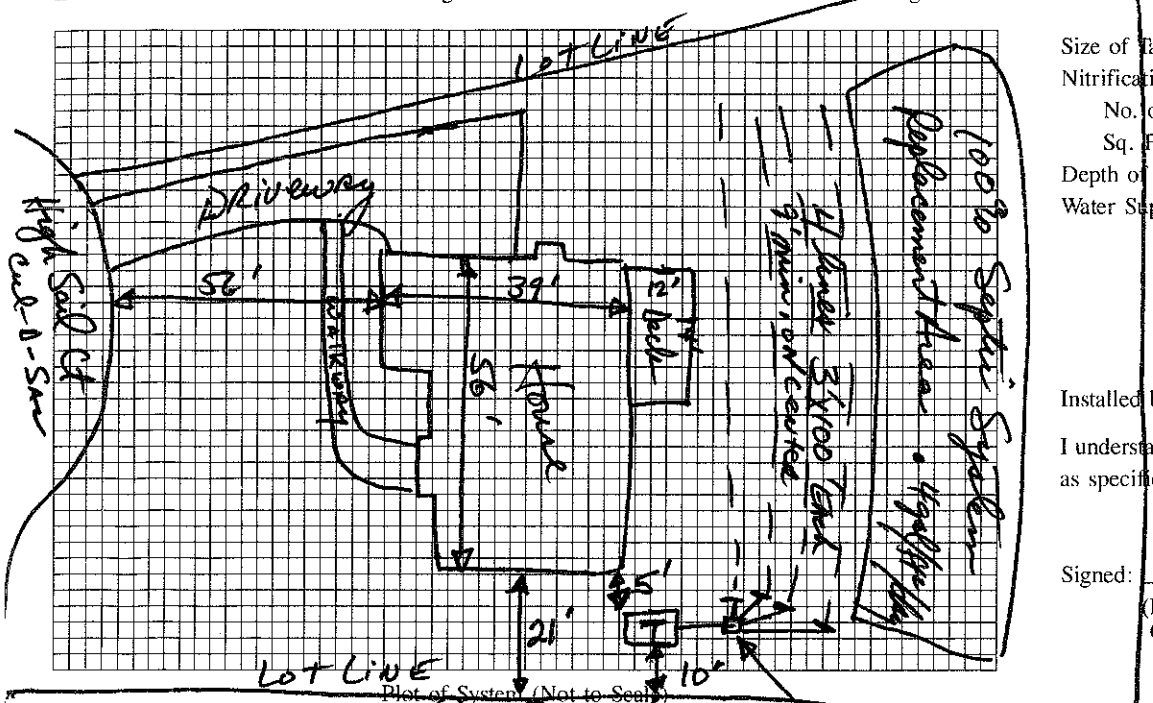
Application Rate .4 gal/ft²/day

Topography 2%

Depth to Water Table 74'

Rock or other impervious formations NONE obs.

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




Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

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 David R. Hinson, RS

COMMENTS Fallow contour w/ drainfield. 36" maximum trench bottom depth. D-box w/ speed levelers

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