IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 16108 DATE 7/1/93 4436-10-6606 TAX MAP NO. Pt of 2F 13 10

OWNER OR CONTRACTOR ROBERT INGRAM HOMES PHONE: Business 391-3715 Home

ADDRESS HIGH SAIL CT. MOORESVILLE

LOCATION North Shore - Pine Dale 1113 TR HIGH SAIL STRAIGHT X COVE TL TO 4th lot on (L) Lakewood

SUBDIVISION North Shore - Pine Dale BLOCK / SECTION II LOT 4 LOT AREA SITE CLASS. D L.T.A.R. .125-.3

Water Supply: ☐ Individual ☐ Community ☐ Public

Septic Tank: 1500 Gallons; STB 797 Date 5/21/93

Pump Tank: Gallons; PT Date

Nitrification Field: No Fields 1 Square Feet Linear Feet 240 *

No Lines 3 Trench Width 24" Trench Depth 30" ~~SAND~~ Gravel Depth 6" UNDER

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: PANELS

Repair System Description: PANELS

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home LAKE ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees

Garbage Disposal: ☑ Yes ☐ No

Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other

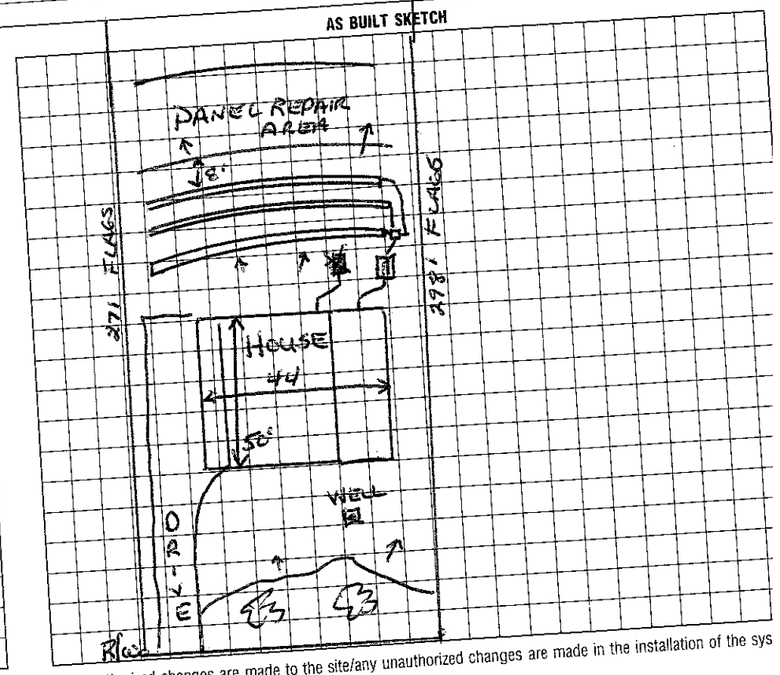
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments * PREFABRICATED PANEL BLOCKS

KEEP GUTTER DRAINS OFF DRAINFIELD. ↓ 50' FROM 760

INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the sys

Improvement Permit is valid for 60 months from date of issuance.

Signed: Installed by: IRON HORSE GRADING

Improvement Permit by: Certificate of Completion by: Wesley Sparkars date 7/1/9

Existing System Inspection by: Operation Permit by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

16108

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR RI Homes DATE 4/16/93 PERMIT NO. Pt of 2F-B-10

PHONE: Business _____ Home 391-3715

LOCATION 1100, TL Island Pines TR on Windswept X Lake Lucerne (L) to lot 4 on (L) S.R. No. _____

SUBDIVISION NAME Northshore Pinehaven LOT NO. 4 SECTION OR BLOCK NO. II

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-sl/c/c TRANS

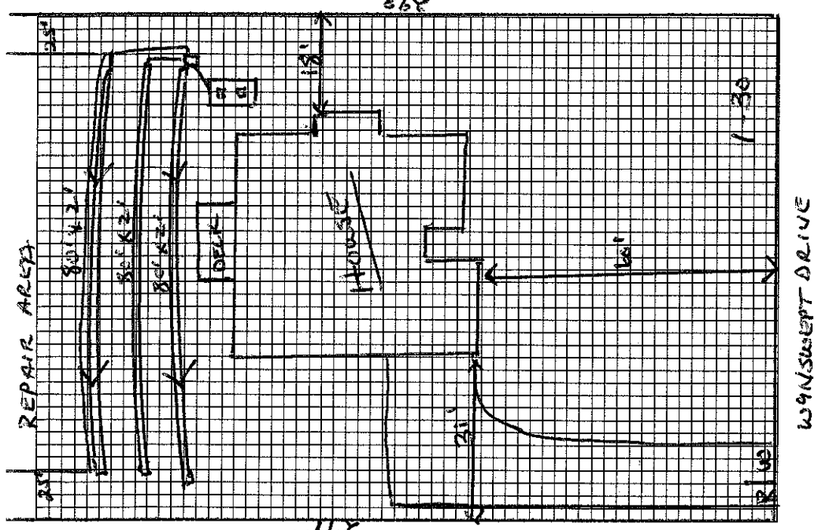
Application Rate P - .25-.3 (SS, F, SBK, FINE)

Topography P - 5%-7%

Depth to Water Table S - 48"

Rock or other impervious formations S - None obsvd

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



Plot of System (Not to Scale)

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3 @ 80' x 2'

Sq. Ft. _____ Linear Ft. 240 ✱

Depth of Stone in Lines 16" PPBS

Water Supply: Individual ☐ Public ☑ common supply

Installed by _____

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

Signed: X R. Rudisill

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

IMPROVEMENT PERMIT BY Wesley Sparks R.S.

COMMENTS Drain on slope contour in direction shown. Drain lines no deeper than 32" to trench bottom in area shown here. Drainfield and 30' x 80' Repair Area are to be outside the 50' setback from 760' contour line.

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