4636-00-8095

IREDELL COUNTY HEALTH DEPARTMENT

14673

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Ingram Homes DATE 9/4/92 PERMIT NO. 26-23-A-17

PHONE: Business 342-0866 Home

LOCATION Side of Pines TL off 1100, TR into North Shore, to 4th lot on (L) S.R. No.

SUBDIVISION NAME Pine Lake / North Shore LOT NO. 17 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 - C / C TRANSITION

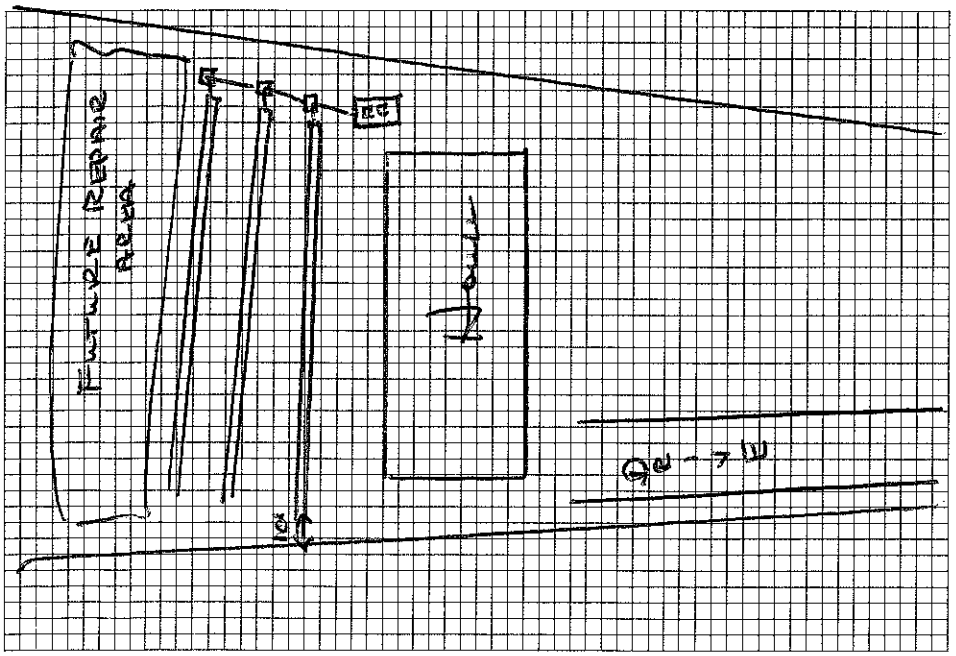
Application Rate P - .35 (40 - wk grn.)

Topography P - 3-4%

Depth to Water Table 5 - > 48"

Rock or other impervious formations 5 - None observed

____ 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 @ 70' x 2'

Sq. Ft. ____ Linear Ft. 210' *

Depth of Stone in Lines

Water Supply: Individual ☐ Public ☐

16" PREFABRICATED PERMEABLE PANELS

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.)

IMPROVEMENT PERMIT BY

COMMENTS

CERTIFICATE OF COMPLETION BY Wesley Sparks 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

14673

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Ingram Homes DATE 5/27/92 PERMIT NO. 26-23-A-17

PHONE: Business 342-0866 Home

LOCATION Lake of Pines TL off 1100, TR into North Shore, to 4th lot on (L)

S.R. No.

SUBDIVISION NAME Pinedale / North Shore LOT NO. 17 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 - c1 / c TRANSITION

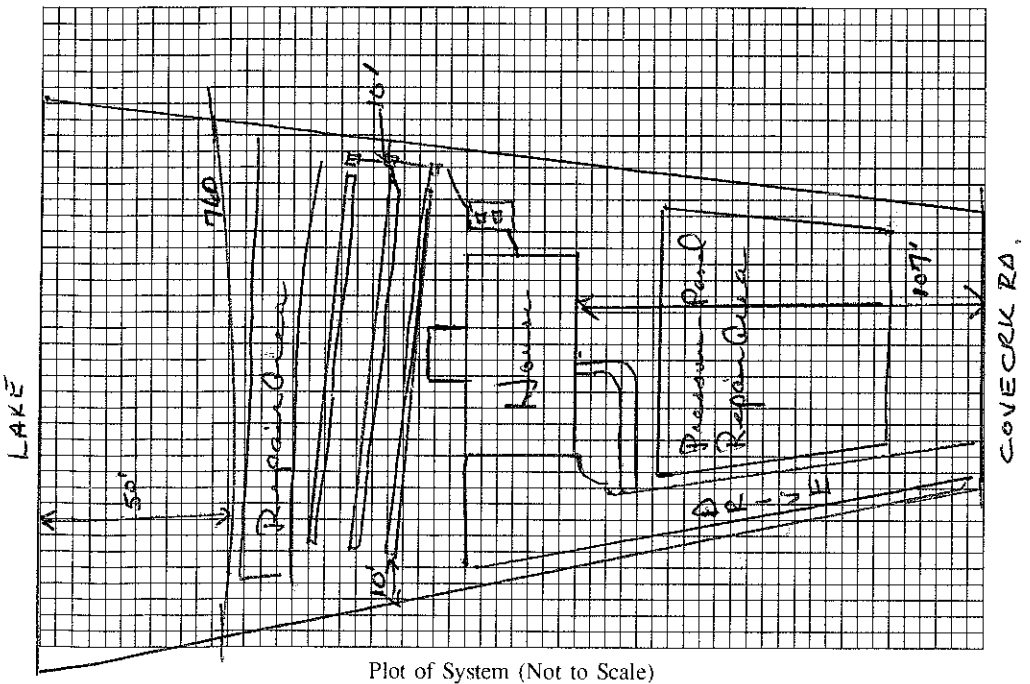
Application Rate P - .35 (SS - wk GRAN)

Topography P - .40%

Depth to Water Table S - > 48"

Rock or other impervious formations S - None observed

____ 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 @ 70' x 2'

Sq. Ft. Linear Ft. 210 *

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☐ Public ☑ COMM SYSTEM

* 16" Prefabricated Permeable Panel Blocks.

Installed by

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

Signed: X

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

IMPROVEMENT PERMIT BY Wesley Sparks RS,

COMMENTS As drawn here - note Repair Area Pressure Panel in front of house

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