1672

4636-00-8123
4636-20-3241

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Ingraham Homes DATE Sept 15, '92 PERMIT NO. 623418

PHONE: Business ______ Home ______

LOCATION 1100 TL 1113 TR North Shore 3rd lot on left

SUBDIVISION NAME North Shore at Pine Isle LOT NO. 18 SECTION OR BLOCK NO. 1 S.R. 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 > 20,000 ft²

Soil Characteristics ps clay

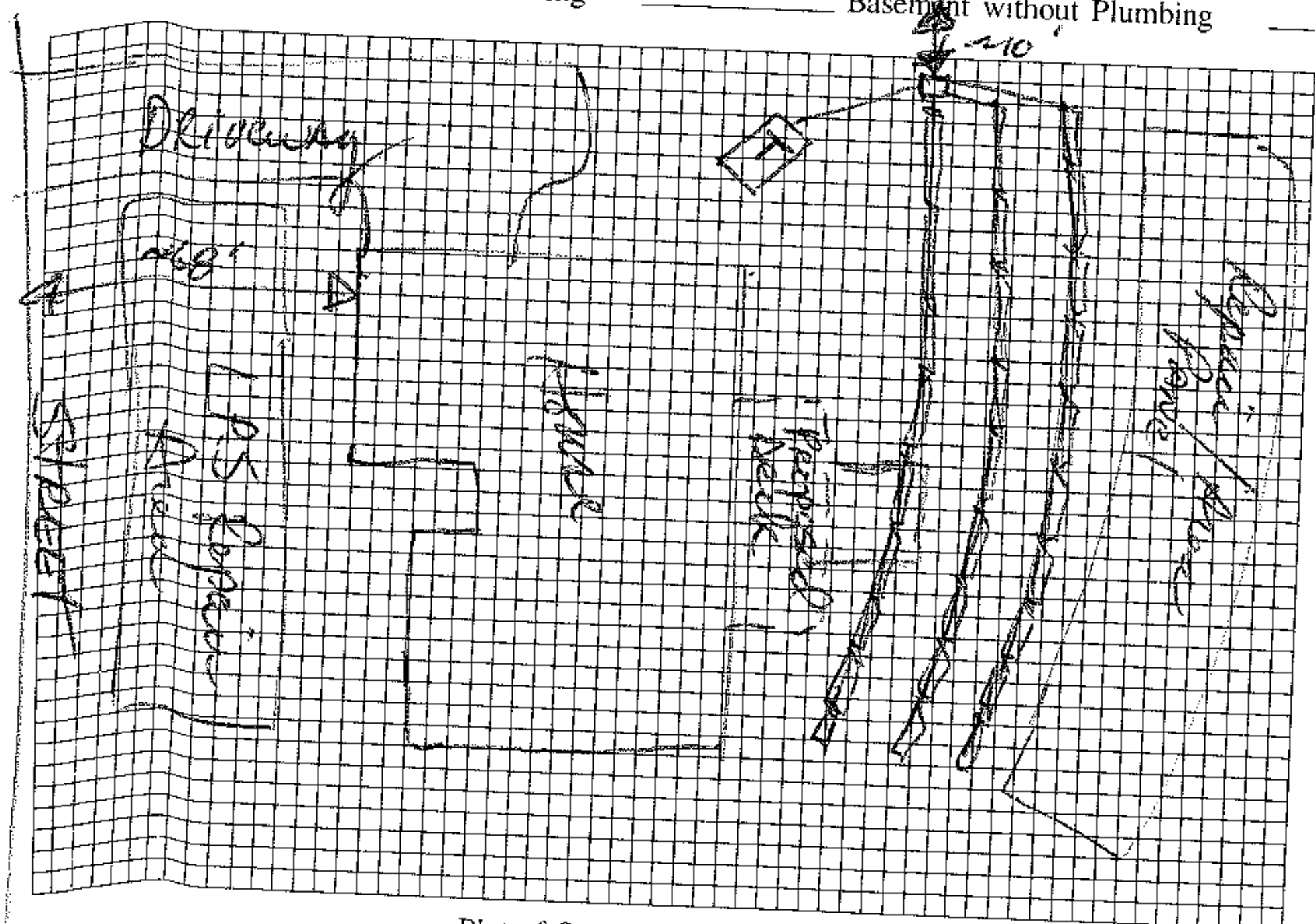
Application Rate .3

Topography 6-8%

Depth to Water Table mottly > 48"

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 3

Sq. Ft. ______ Linear Ft. 210' of

Depth of Stone in Lines 16" PPBS

Water Supply: Individual ☐

Public ☑ CW

Installed by Leatherman ST 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 AWS

COMMENTS Deck not constructed as of date of septic completion.

CERTIFICATE OF COMPLETION BY D L Hinson, RS DATE 9/15/92

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

3:00 +

14672

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Chapman Homes DATE 5/27/92 PERMIT NO. 2G-23-A-18

PHONE: Business 342-0866 Home _____

LOCATION Lake of Pines Rd, TR off 1100 to North Shore TR to 3rd lot on (L) S.R. No. _____

SUBDIVISION NAME Pinehole / North Shore LOT NO. 18 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

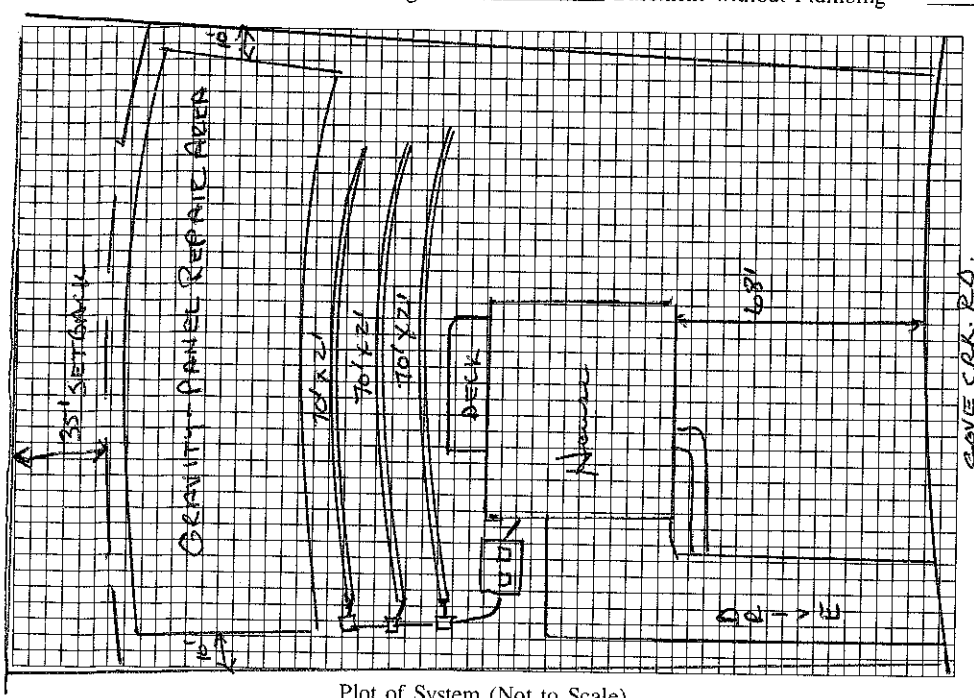
Application Rate P - (SA - wk) .35

Topography P - 4%

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" STAND

Water Supply: Individual ☐ COMM

Public ☑ SYSTEM

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 Wesley Sparks RS.

COMMENTS Curtain drain -

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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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold