4636-00-8123
4636-20-3241

IREDELL COUNTY HEALTH DEPARTMENT

14672

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 113 TR North Shore 3rd lot on left

S.R. No. _____

SUBDIVISION NAME North Shore at Pine Lake LOT NO. 18 SECTION OR BLOCK NO. 1

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 psclay

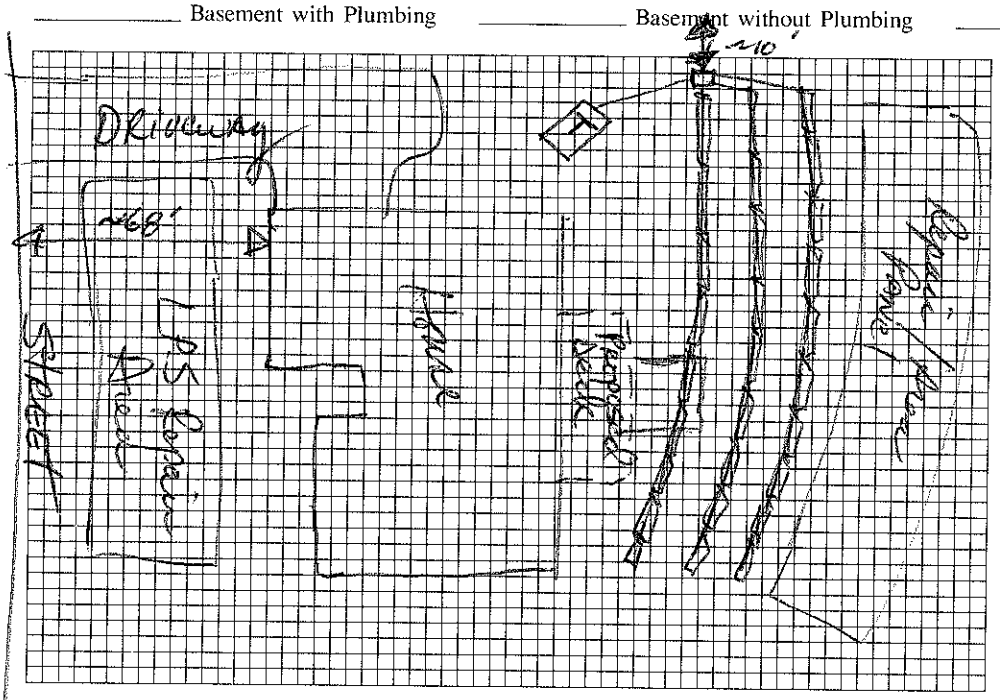
Application Rate w, 3

Topography 6-92

Depth to Water Table mostly > 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 lf

Depth of Stone in Lines 16" PPBS

Water Supply: Individual ☐ Public ☑ CW

Installed by Gatlinburg ST Lincolnton

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