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. 26-23-A-18

PHONE: Business 342-0866 Home _____

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

SUBDIVISION NAME Pinedale / 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 - c l / c TRANSITION

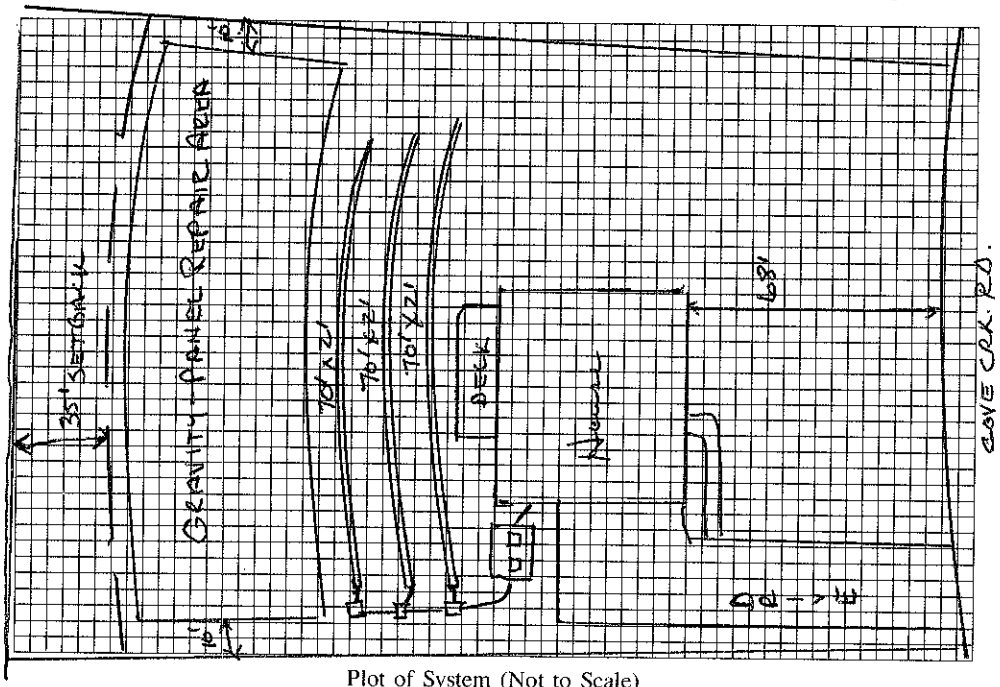
Application Rate P - (SA - wk) .35

Topography P - 4%

Depth to Water Table 5 - >48"

Rock or other impervious formations 5 - None found

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement L 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 ☐ 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 -

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