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IREDELL COUNTY HEALTH DEPARTMENT 4636-20-3528

15400 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Engraham Homes DATE April 20, '93 PERMIT NO. 2G23A11

PHONE: Business _____ Home _____

LOCATION 1100 TL1113 TR Cove Creek Rd. ~ 1000' on Right

S.R. No. _____

SUBDIVISION NAME North Shore at Pine Isle LOT NO. 11 SECTION OR BLOCK NO. 1

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20,000 ft²+

Soil Characteristics psc/lay

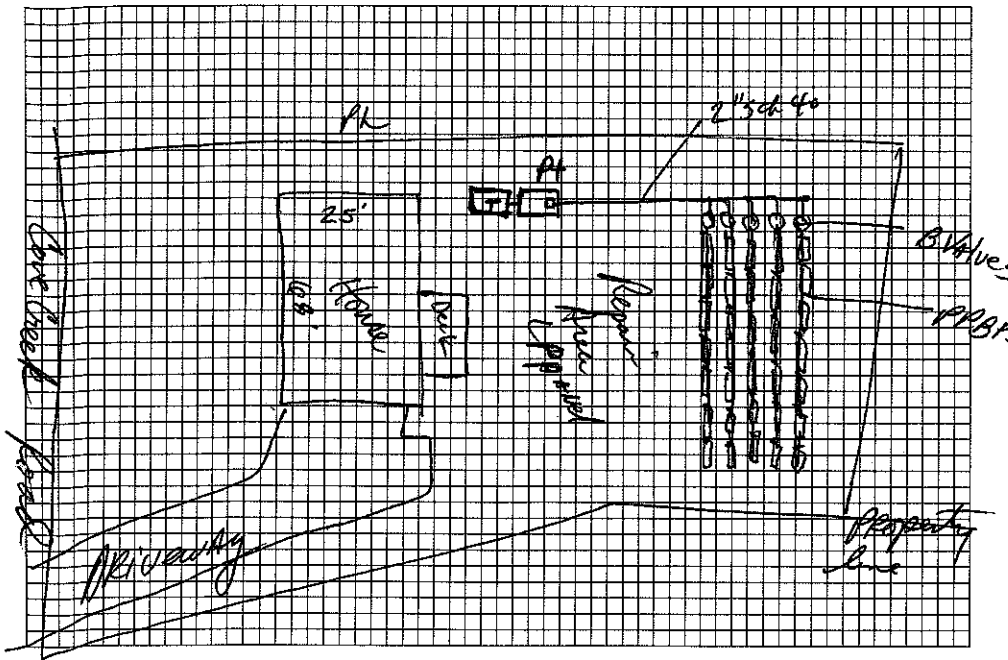
Application Rate .3 gal/ft²/day

Topography 4-6%

Depth to Water Table 4'

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 ST / 1500 PT Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. _____ Linear Ft. 270' of

Depth of Stone in Lines 16" PRBPS

Water Supply: Individual ☐ Public ☑ CW

Installed by Featherman

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 _____

Operation permit

CERTIFICATE OF COMPLETION BY _____ DATE 4/20/93

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