IREDELL COUNTY HEALTH DEPARTMENT

15243 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Chrisman Homes DATE Jan. 22, '93 PERMIT NO. 2623A12

PHONE: Business _____ Home _____ 4636 20 3628

LOCATION SR 1100 TL SR 1113 TR Cove Creek Rd. on right at end of 1st section S.R. No. _____

SUBDIVISION NAME North Shore at Pine Valley LOT NO. 12 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 PSCLay

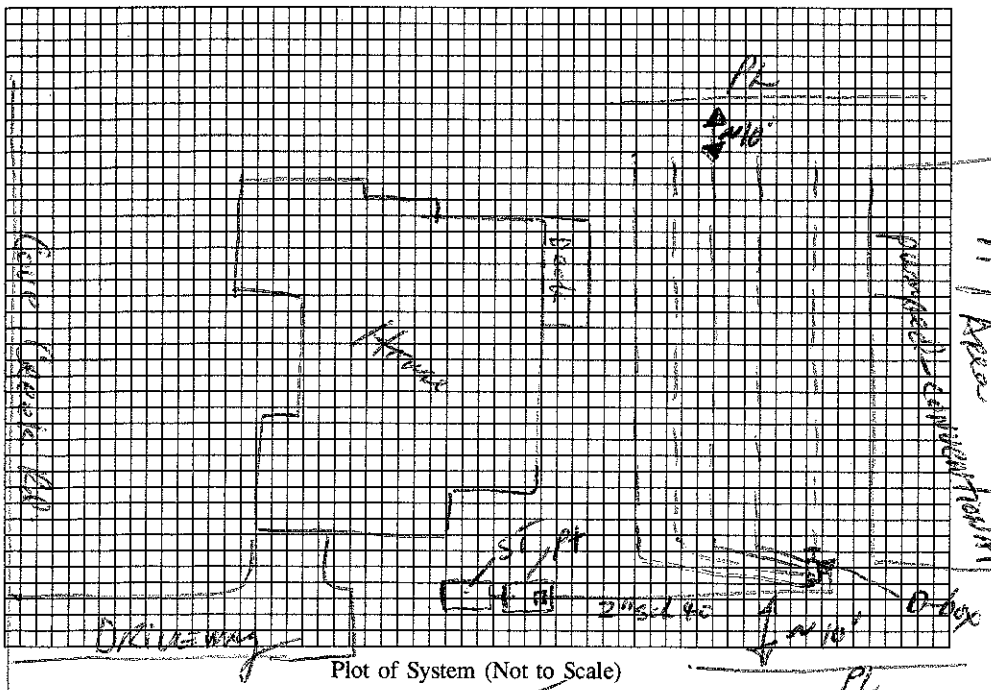
Application Rate 1.35 gpd/ft²/day

Topography 2 6%

Depth to Water Table 74"

Rock or other impervious formations NONE 8'/3

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement 1 Crawl Space



Plot of System (Not to Scale)

Size of Tank 1500 / 1500 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1350 Linear Ft. 2450

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑ CWS

Installed by Featherman Lincolnton, 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 DRH

COMMENTS Each lateral run maximum length 5 lines could accommodate.

Operation permit

CERTIFICATE OF COMPLETION BY D R Hamm, RS DATE 1/22/93

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