15243

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert L Ingraham Homes DATE Sept 28, '92 PERMIT NO. 26-23A 12

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 TR North Shore last lot on right in 1st section S.R. No. _____

SUBDIVISION NAME North Shore at Pinedale LOT NO. 12 SECTION OR BLOCK NO. _____

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 720,000 ft²

Soil Characteristics ps clay

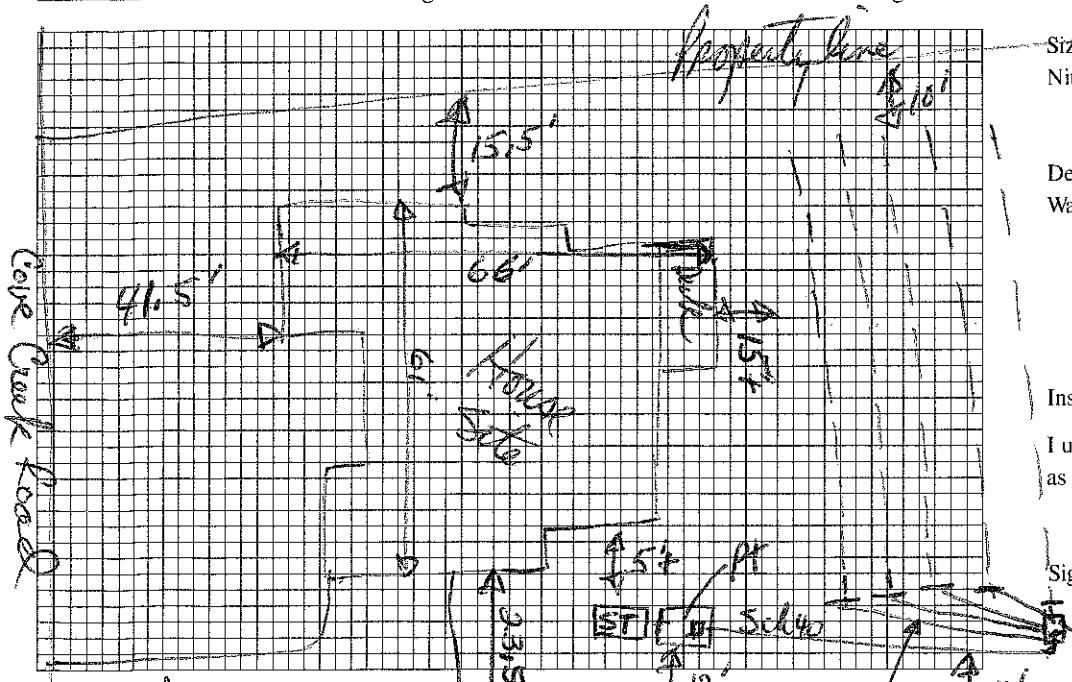
Application Rate ~.35 gal/ft²/day

Topography ~6%

Depth to Water Table 7'4"

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 1500/1500 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1371 Linear Ft. 457

Depth of Stone in Lines 12"

Water Supply: Individual ☐

Public ☑ CW

Repair Area Covered with pea gravel

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.)

Drive max 90° turned down from pump line

Driveway

Property line

Property line

IMPROVEMENT PERMIT BY D R Hinson, RS

COMMENTS Follow contour with drainfield. 24"-30" trench bottom depth. Dose Approx 210 gal per 7 min cycle. Pump specs: 30 gal/min at approx 25' head.

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