13377 **IREDELL COUNTY HEALTH DEPARTMENT** 4636-00 9218

# IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Ingram Homes DATE 3/4/92 PERMIT NO. Pt of 2F-B-10

PHONE: Business _____ Home _____

LOCATION Isle of Pines Rd, TR into North Shore to 2nd Lot on (L)

S.R. No. _____

SUBDIVISION NAME North Shore at Pine Isle LOT NO. 19 SECTION OR BLOCK NO. 1

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area _____

Soil Characteristics _____

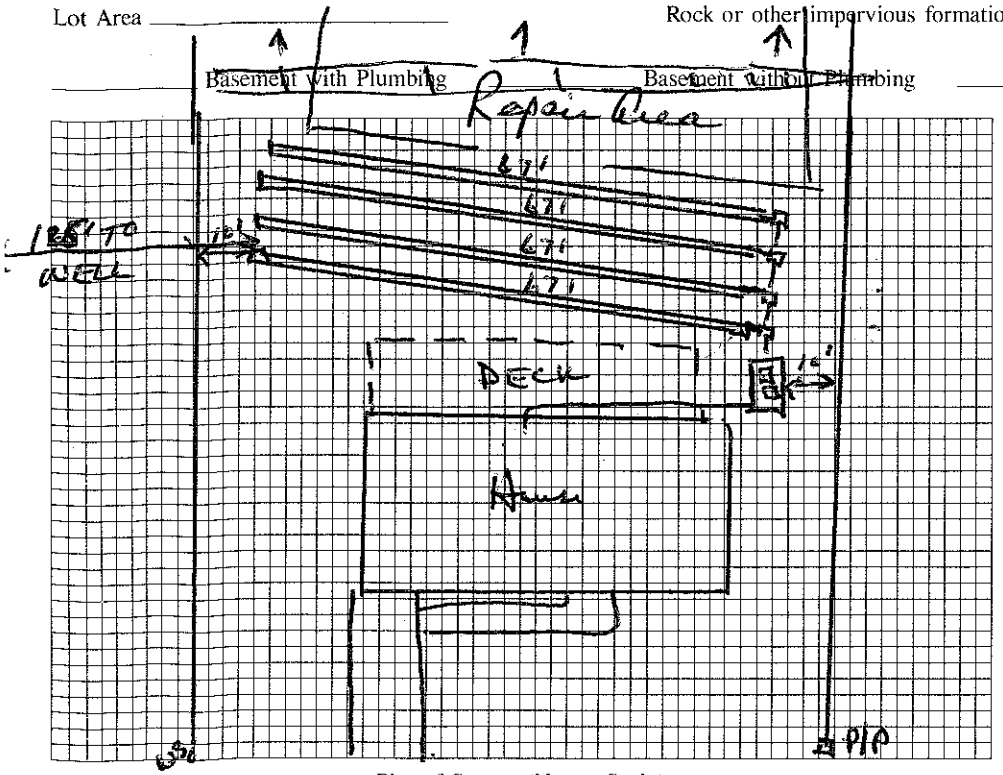
Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

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




Plot of System (Not to Scale)

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 268'

Depth of Stone in Lines _____

Water Supply: Individual ☐

Public ☑

1 16" Prefabricated Pool Block

Installed by Daddy Leatherman

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 34" maximum trench depth

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 3/4/92

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

This 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

IREDELL COUNTY HEALTH DEPARTMENT

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(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert Ingraham Homes DATE Oct. 8, '91 PERMIT NO. part of 2FB-10

PHONE: Business _____ Home _____

LOCATION 1100 TR 1113 (Isle of Pines Rd.) TR "North Shore" 2nd lot on left S. R. No. _____

SUBDIVISION NAME North Shore at Pine Isle LOT NO. 19 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

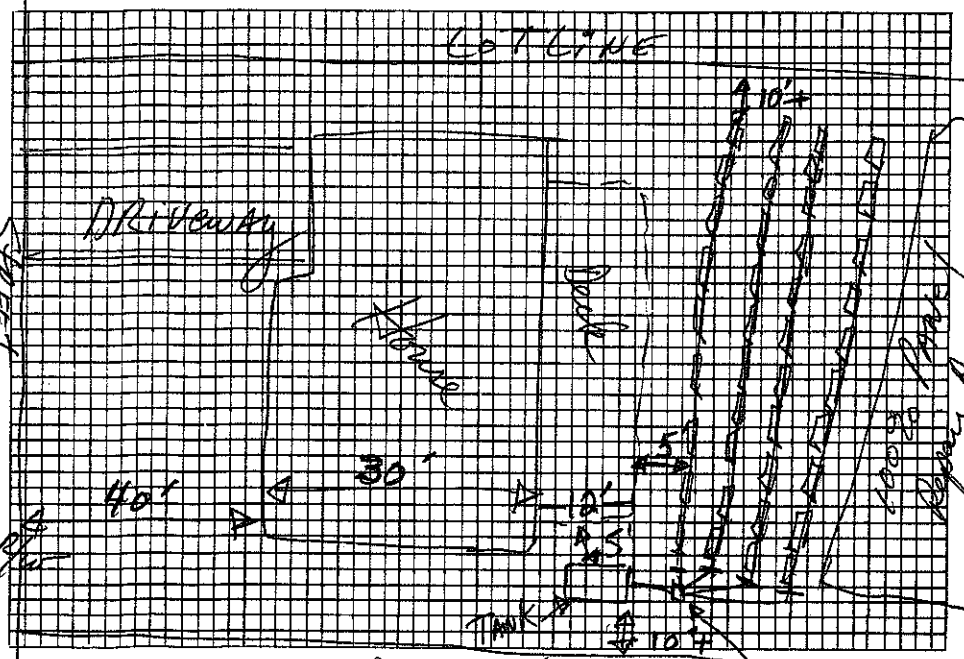
No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area 25,000 ft²+

Character & Porosity of Soil ps clay
Percolation Rate 4.3
Topography 4-8%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 268'±
Depth of Stone in Lines 16" panel block
Water Supply: Individual ( )
Public (✓) CW

Installed by Soil Check Hook Worm Drainage

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

D-box w/ Speed levelers and 4"x2" reducers

IMPROVEMENTS PERMIT BY David R. Irwin, RS.

COMMENTS: Upper panel trench to start exactly 5' below deck (steps to deck @ side). Follow contour. 34" maximum trench bottom depth

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 false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold