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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robertshaw Homes DATE 2/7/92 PERMIT NO. Pf of 2F-B-10

PHONE: Business _____ Home _____

LOCATION Sale of Pines - TR Cove Creek Rd, TR High Sail Ct, 1st house on Left.

SUBDIVISION NAME North Shore at Pinesdale LOT NO. 9 SECTION OR BLOCK NO. 1 S.R. No. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area .596Ac

Soil Characteristics P - clay

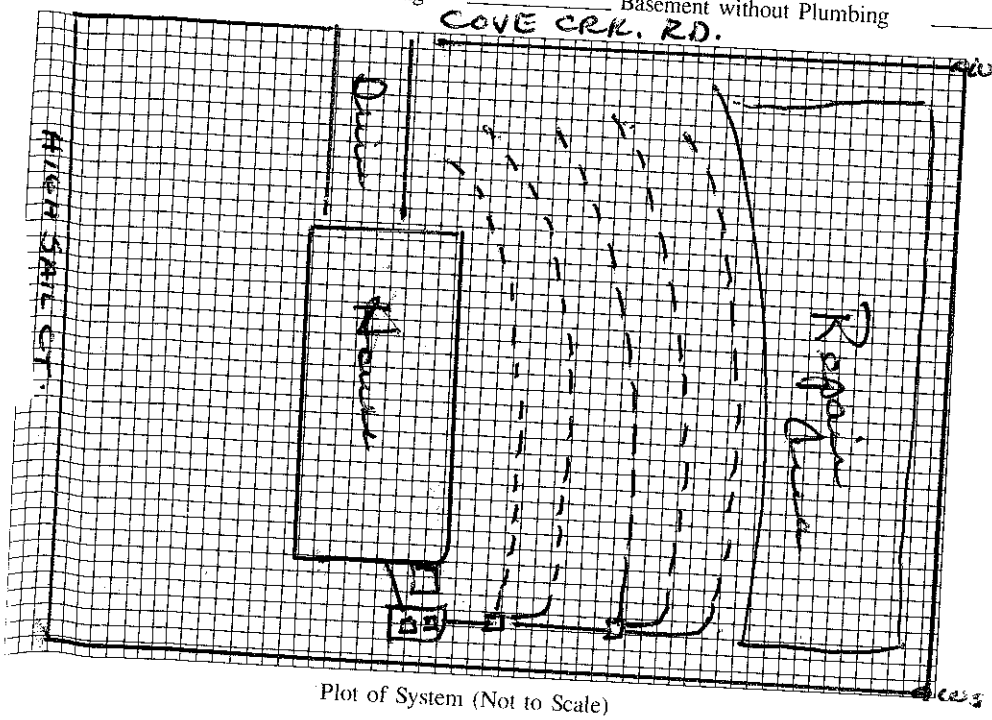
Application Rate .35 - .4

Topography 2%

Depth to Water Table >48"

Rock or other impervious formations None observed

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



Plot of System (Not to Scale)

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 5 @ 95' x 3'

Sq. Ft. 1350 Linear Ft. 450

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Comm D/W

Public ☑

Installed by Harvey Leatherwood

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 _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS.

EXISTING SYSTEM CHECKED BY _____ DATE 2/7/92

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS _____ DATE _____

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