15181

4636-10-3400

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Ingram Homes DATE 11/17/92 PERMIT NO. 26-23-A8

PHONE: Business _____ Home _____

LOCATION 1100, Lt on 1113, Rt on North Shore, Rt on High Sail, 2nd Hse on Lt

S.R. No. _____

SUBDIVISION NAME Pine Isle (North Shore) LOT NO. 5 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 72,000 ft²

Soil Characteristics Pa clay / BC Trans

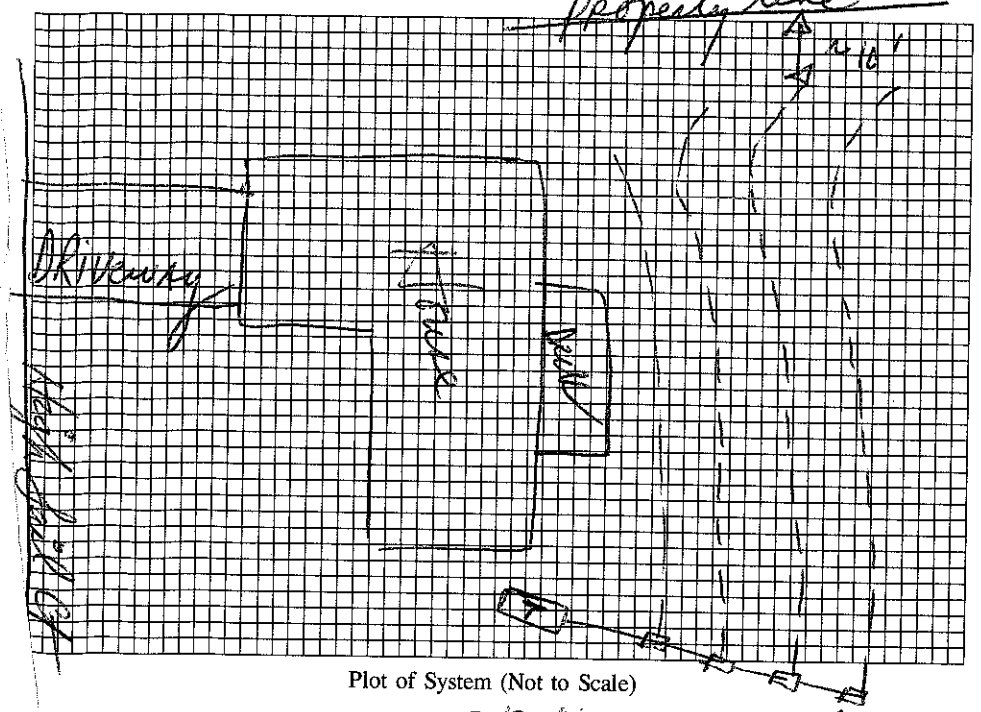
Application Rate 0.3 gal/ft²/dy

Topography rolling slight to moderate

Depth to Water Table >4'0

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 4

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by Leatherman 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 _____

IFICATE OF COMPLETION BY DR Hinson, RS DATE 11/17/92

ING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

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 ion is supplied toward securing Improvement Permit.

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