IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. _____ DATE Sept. 28, '95 TAX MAP NO. 2G 23A7 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Robert Clayton Homes ~~PHONE: Business~~ 4636-10-2563 Home _____

ADDRESS PO Box 31637 Charlotte

LOCATION Brawley Sch Rd TR Isle of Pines TR Cow Cole Rd TR High Sail Ct. on left

SUBDIVISION North Shore BLOCK / SECTION 1 LOT 7 LOT AREA _____ SITE CLASS. PS pm1956 DESIGN FLOW 480 gpd L.T.A.R. 0.35

Septic Tank: 1500 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. ~~none~~

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet ~~none~~ 100'+

No Lines _____ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☐ New System ☑ Repair System Type: I (II), III, IV, V, VI

System Description: ~~gravel~~ Conv. Cable of 1 Inf lateral

Repair System Description: ~~gravel~~ PPBPS

Maintenance Agreement Required: ☐ Yes ☑ ~~No~~

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other _____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

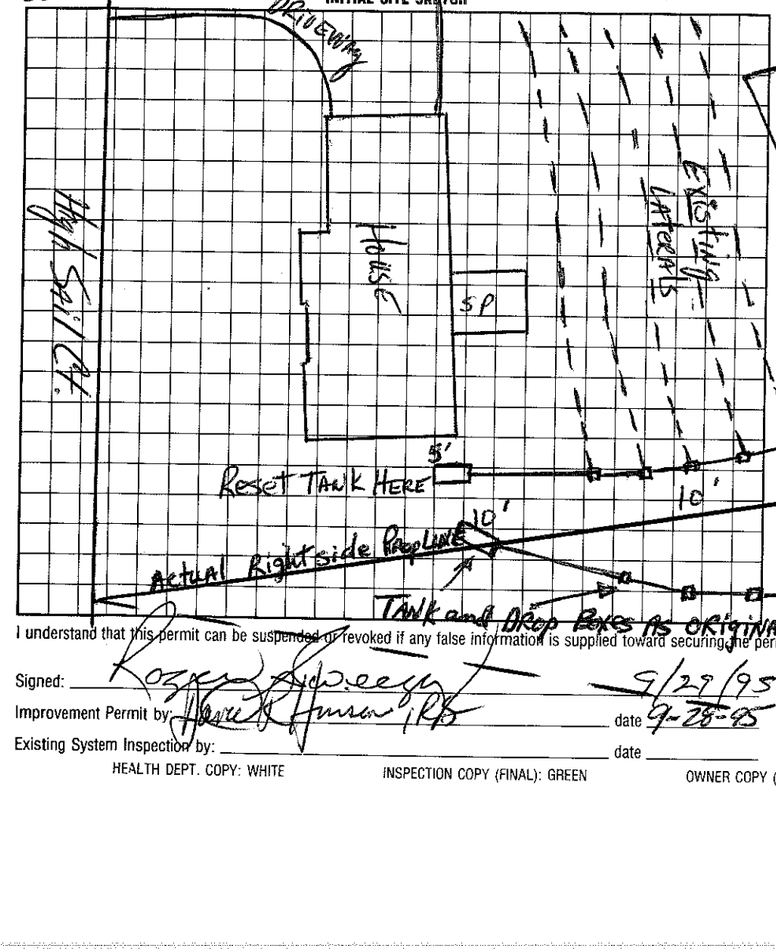
Water Supply: ☐ Individual ☑ ~~Community~~ ☐ Public

Comments: Pump out EXISTING TANK, Reset TANK and Drop Boxes 10' inside Right side property line.

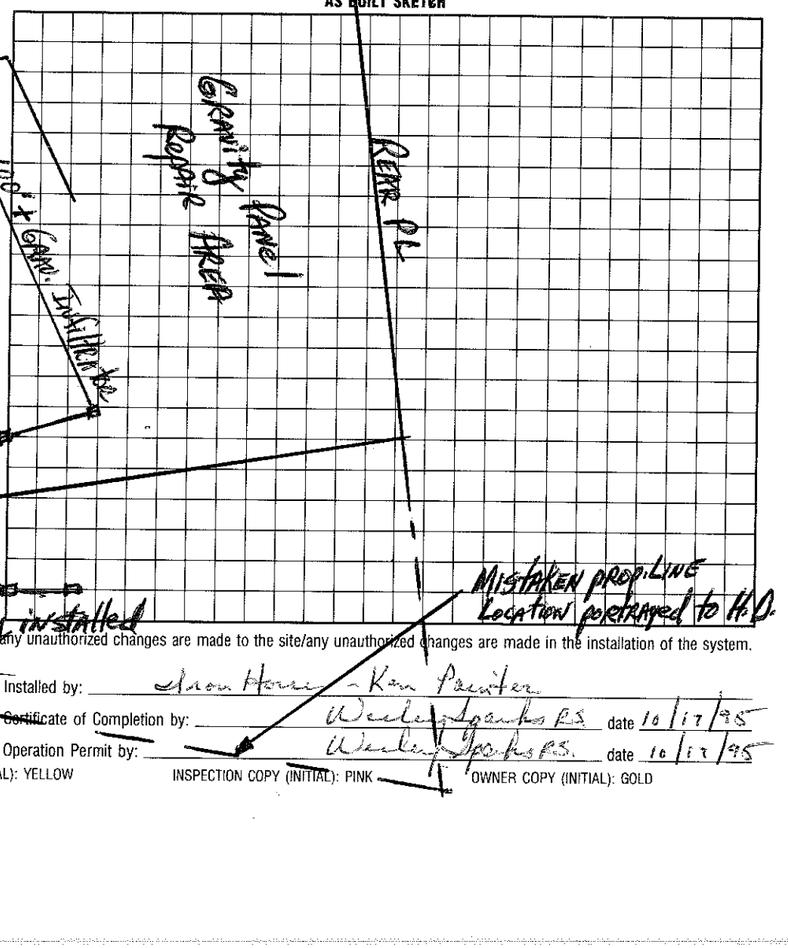
Comments: Dig out and remove all gravel and pipe within 10' of each side of right prop line. Add 100'+ of infiltrator lateral to replace lost footage.

1"=30'

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit, any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system.

Signed: _____ 9/29/95

Improvement Permit by: _____ date 9-28-95

Existing System Inspection by: _____ date _____

Installed by: Jason Horne - Kam Painter

Certificate of Completion by: Wesley Sparks RS date 10/17/95

Operation Permit by: Wesley Sparks RS. date 10/17/95

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

15148

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Ingram Homes DATE 11/17/92 PERMIT NO. 2623A97

PHONE: Business _____ Home _____

LOCATION 1100' LF on 1113, Rt on North Shore, Rt on High Sail, On LF

S.R. No. _____

SUBDIVISION NAME Pine Isle (NorthShore) LOT NO. 7 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 72,900 FT²

Soil Characteristics PS clay

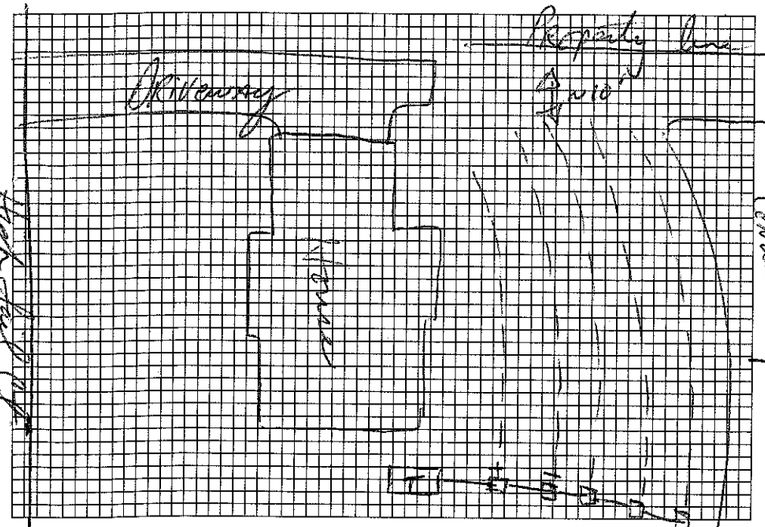
Application Rate .3-.4 gpd/ft²

Topography ≠ 4% 4lt

Depth to Water Table _____

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 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 500 Linear Ft. 500

Depth of Stone in Lines 12"

Water Supply: Individual ☐

Public ☑ Community

Installed by Leatherman Lincoln 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 ORH

COMMENTS _____

CERTIFICATE OF COMPLETION BY DK Hinson, RS DATE 11/17/92

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

IREDELL COUNTY HEALTH DEPARTMENT

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IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Ingraham Homes DATE Sept. 3, '92 PERMIT NO 26-23A7

PHONE: Business _____ Home _____

LOCATION 1100 TR 1113 TR North Shore TR High Sail on left

SUBDIVISION NAME Pine Isle (North Shore) LOT NO. 7 SECTION OR BLOCK NO. _____ S.R. 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 BC clay

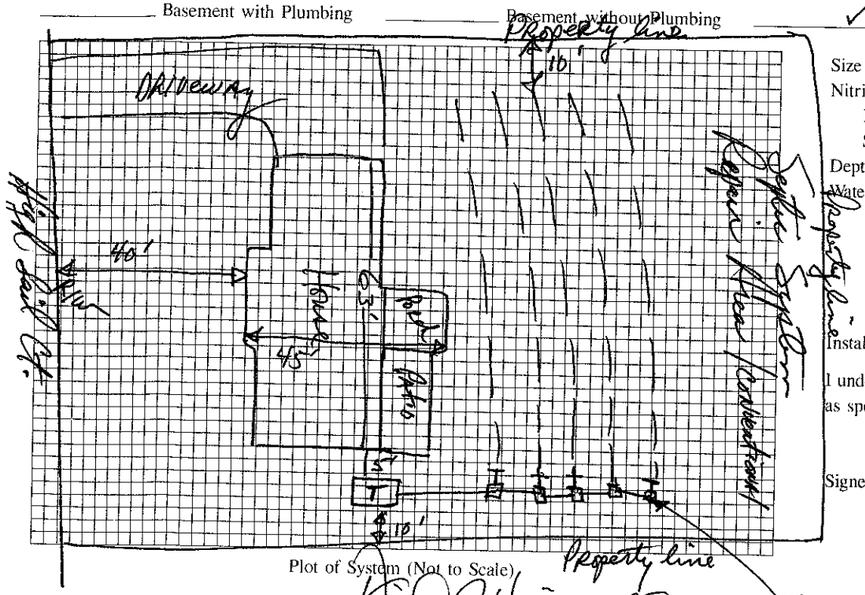
Application Rate .3-.4 gall/ft²/day

Topography ~4%

Depth to Water Table > 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 Gals.

Nitrification Field:

No. of Lines ~5

Sq. Ft. 1500 Linear Ft. 500

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑ CW

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.)

IMPROVEMENT PERMIT BY Mark R Hinson, RS.

COMMENTS Follow contour with drainfield

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

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