4636 20 8524 ~~4/12/10-7804~~

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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Engraham Howes DATE March 31, '93 PERMIT NO. 2623A92

PHONE: Business _____ Home _____

LOCATION 1100 TR 1113 TR Cove Creek Rd. TR High Sail Ct. 2nd lot on right S.R. No. _____

SUBDIVISION NAME ~~North Shore~~ Pine Isle LOT NO. 2 SECTION OR BLOCK NO. 1

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 ~½ Ac

Soil Characteristics PS clay

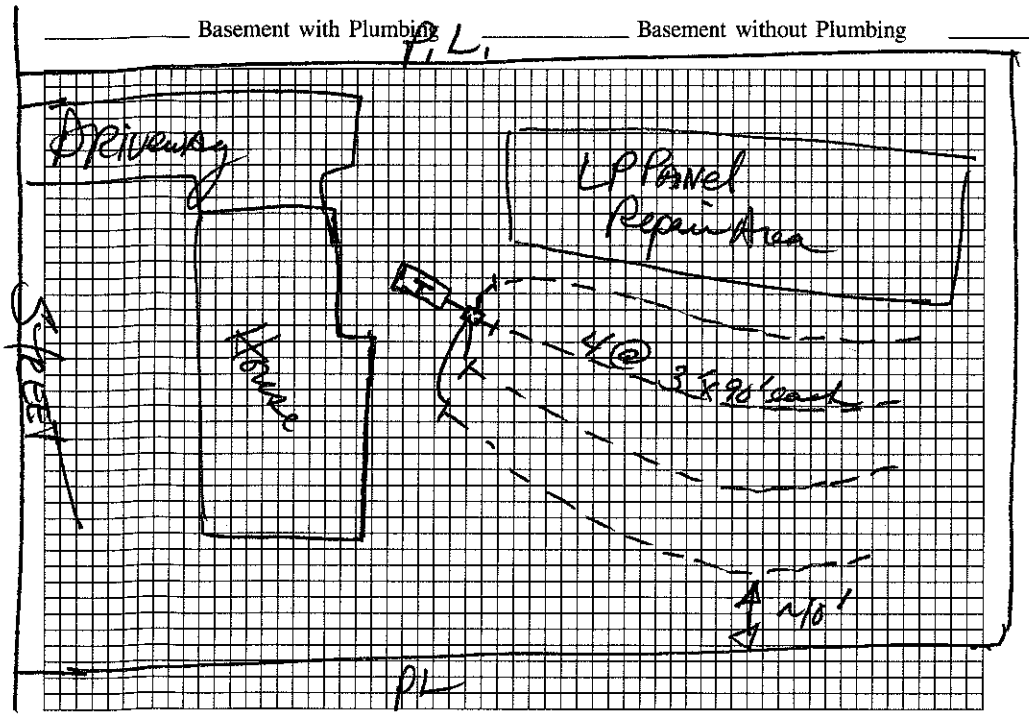
Application Rate Pw, 35 gal/ft²/day

Topography ~4%

Depth to Water Table 76'

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 4

Sq. Ft. 1050+ Linear Ft. 350+

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑ CW

PL

Installed by Featherman

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 Lower 3 lines pumped out before covering due to rainwater infiltration from last week's rain.

CERTIFICATE OF COMPLETION BY DR Hanson IRS DATE 3/31/93

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

15683

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Craighead Homes DATE Jan. 15, '93 PERMIT NO. 2G23A2

PHONE: Business _____ Home _____

LOCATION 1100 TR 1113 TR Cove Creek Rd TR High Sail Ct 2nd lot on right S.R. No. _____

SUBDIVISION NAME North Shore at Pinedale LOT NO. 2 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 ~½ AC

Soil Characteristics ps clay

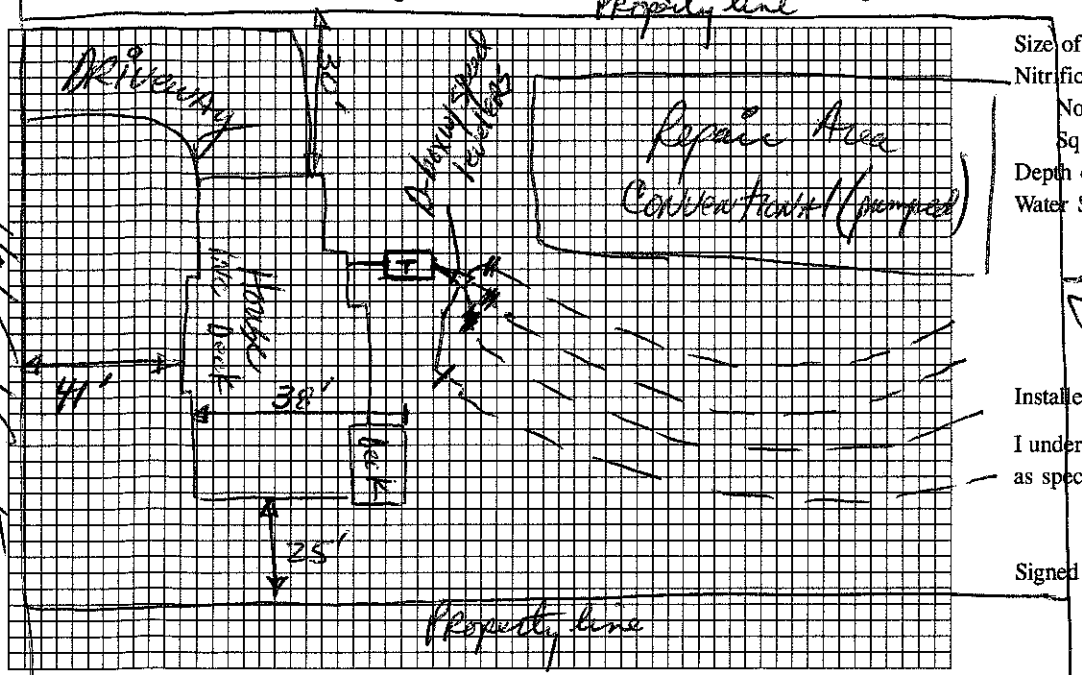
Application Rate .25 Sqft/Sqft/day

Topography ~4%

Depth to Water Table 74'

Rock or other impervious formations NONE Enc.

_____ Basement with Plumbing _____ 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. 1050 Linear Ft. 350

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 David R. Hanson, 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

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