4626465107

IREDELL COUNTY HEALTH DEPARTMENT

14830

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Carmen & Carol Anastasio DATE Sept 23, '92 PERMIT NO. 2F2A75

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1445 (Kemp) TR 1257 (Agnew) 1/2 mile on right

SUBDIVISION NAME Crescent / Lake Norman LOT NO. 75 SECTION OR BLOCK NO. 8 S.R. 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 1.09 AC

Soil Characteristics PSCL clay

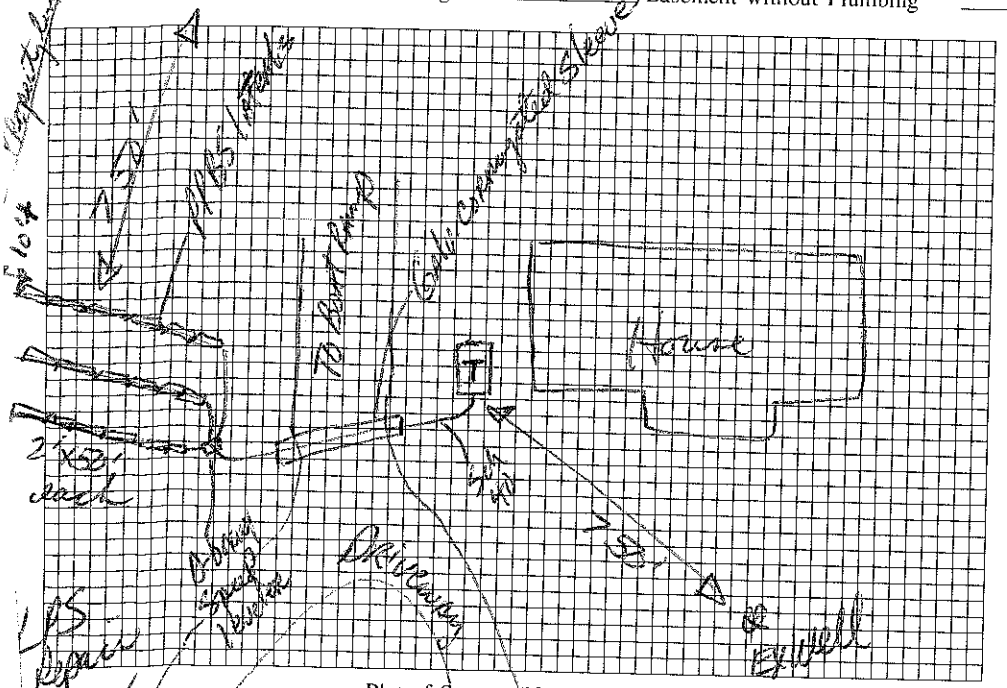
Application Rate .67 gal/ft²/day

Topography 4-6%

Depth to Water Table 7 ft

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 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 150' of

Depth of Stone in Lines 16" NPBS

Water Supply: Individual ☑ Existing

Public ☐

Installed by Bill Robertson

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 Agnew Road

CERTIFICATE OF COMPLETION BY _____ DATE 9/23/92

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

3:00

14830

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Carmen & Carol Anastasio DATE Sept. 4 '92 PERMIT NO. 2F2A75

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TL 1445 TL 1257 (Agnew) ½ mile on right

SUBDIVISION NAME Crescent / Lake Norman LOT NO. 75 SECTION OR BLOCK NO. 8 S.R. 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 1.09 AC

Soil Characteristics PS clay

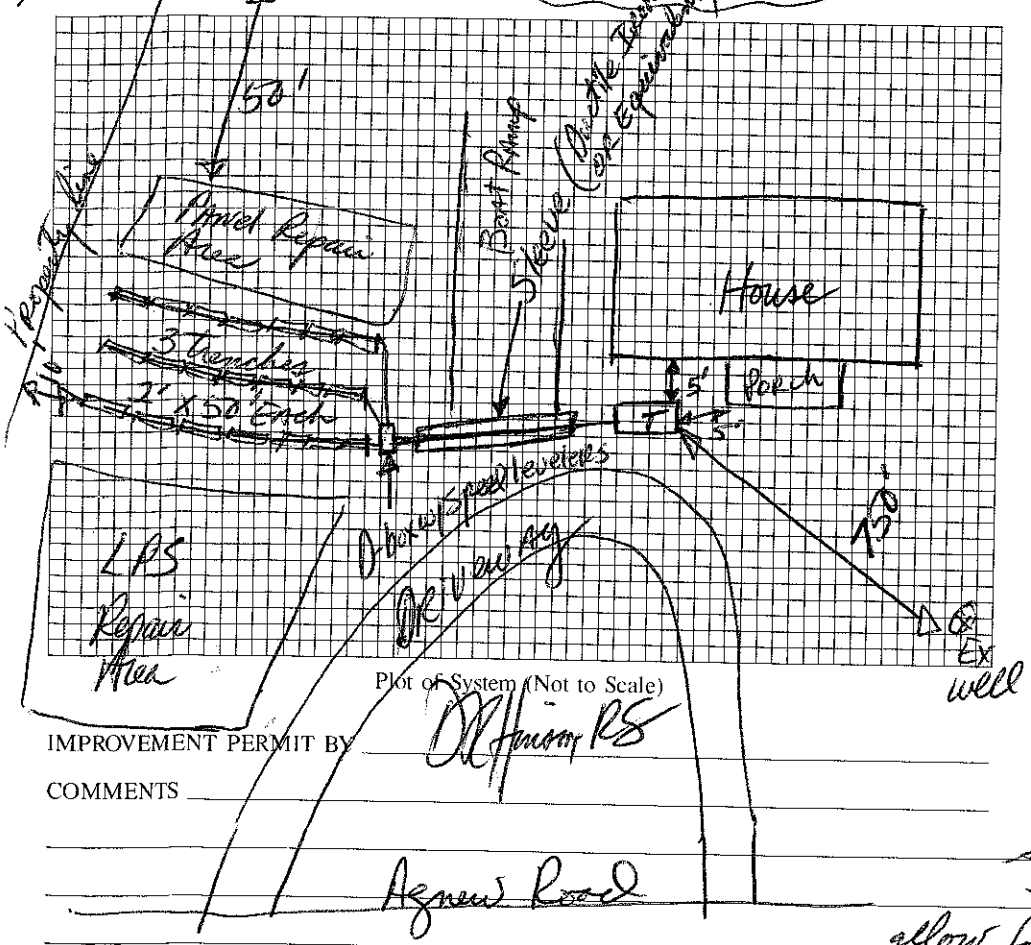
Application Rate w: .4 gal/ft²/day

Topography H-6 to 8

Depth to Water Table 74'

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 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 150' of

Depth of Stone in Lines 16" PPBS

Water Supply: Individual ☑ Existing

Public ☐

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 D.R. Hanson RS

COMMENTS System type changed to preserve space and allow for Boat Ramp as requested by owner's agent.

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

9/18/92 – Manifold & O-box installed & OK DRH