15516

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Steve P. Tsitouris DATE 12-8-92 PERMIT NO. 3C2-A-66

PHONE: Business _____ Home _____

LOCATION Morrison Farm Rd TL Willow Point TL Stillwater 1mi on Rt. 1 S.R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 66 SECTION OR BLOCK NO. 18

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 1 acre +

Soil Characteristics Clayey & Sandy clay loam

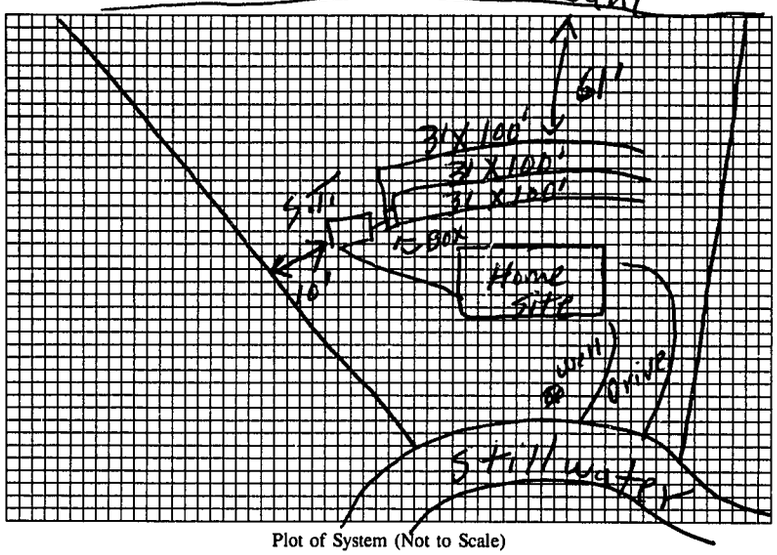
Application Rate .4 Sat PSS/ Hour

Topography Sloping

Depth to Water Table 6' + to lake level

Rock or other impervious formations none

_____ 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 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☐

Installed by Kenny Pearson

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 L. C. Moore

COMMENTS _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 12-8-92

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