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. 3C 2-A-66

PHONE: Business ______ Home ______

LOCATION Morrison Farm Rd TL Willow Point TL Stillwater 1mi on Rt.

SUBDIVISION NAME Lake Norman S.R. No. ______

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 1acre +

Soil Characteristics Clayey + Sandy clay loam

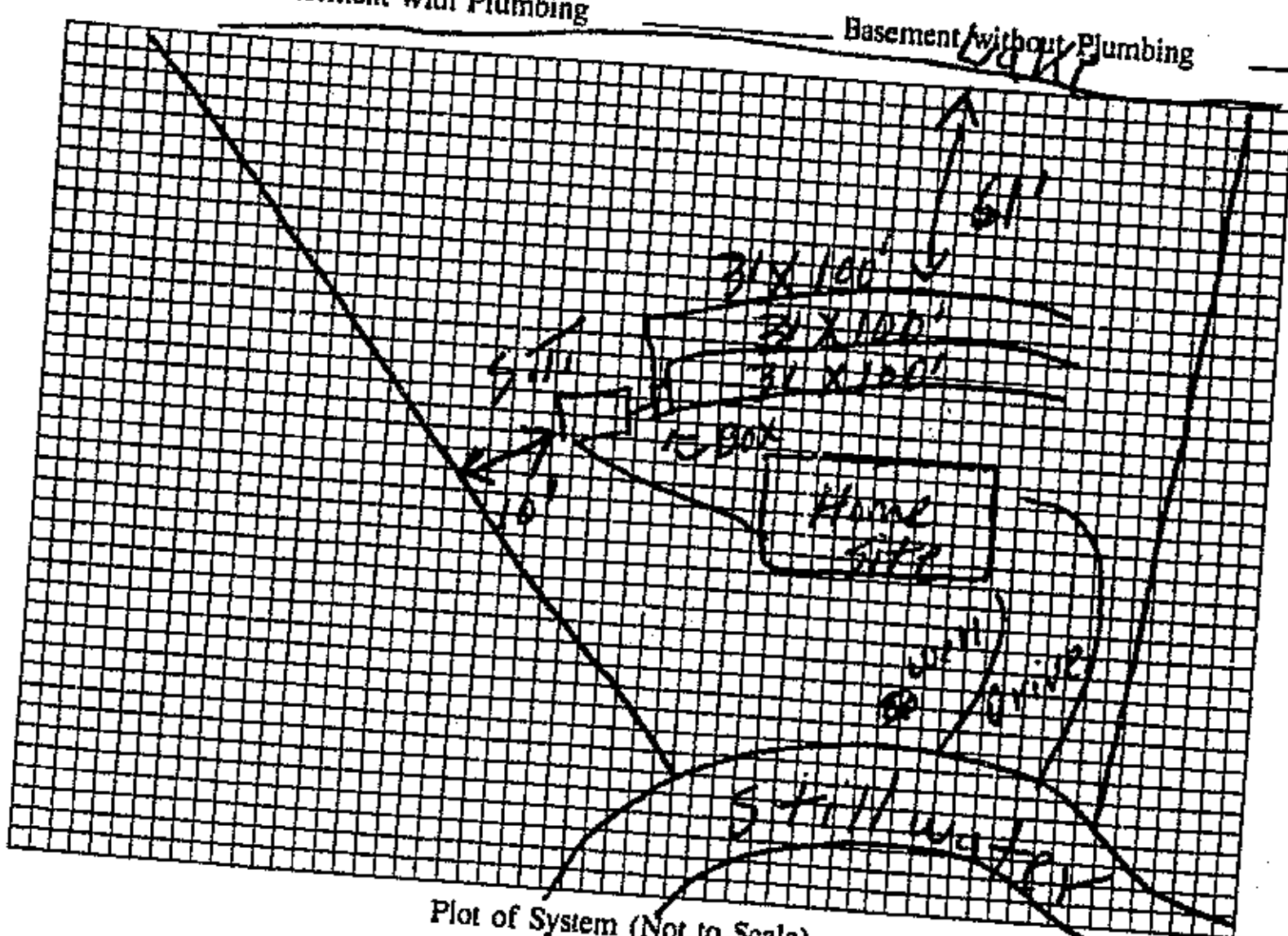
Application Rate .4 Gal PSF Day

Topography 2to6%

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