4636-88-8237

# IREDELL COUNTY HEALTH DEPARTMENT

15281

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Peter Castoral DATE March 9, '93 PERMIT NO. 2K-1A-1

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 TL Wood Duck Loop on left corner lot S.R. No. _____

SUBDIVISION NAME Lakeside Farm LOT NO. 1 SECTION OR BLOCK NO. _____

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 20,000ft2+

Soil Characteristics 95 clay

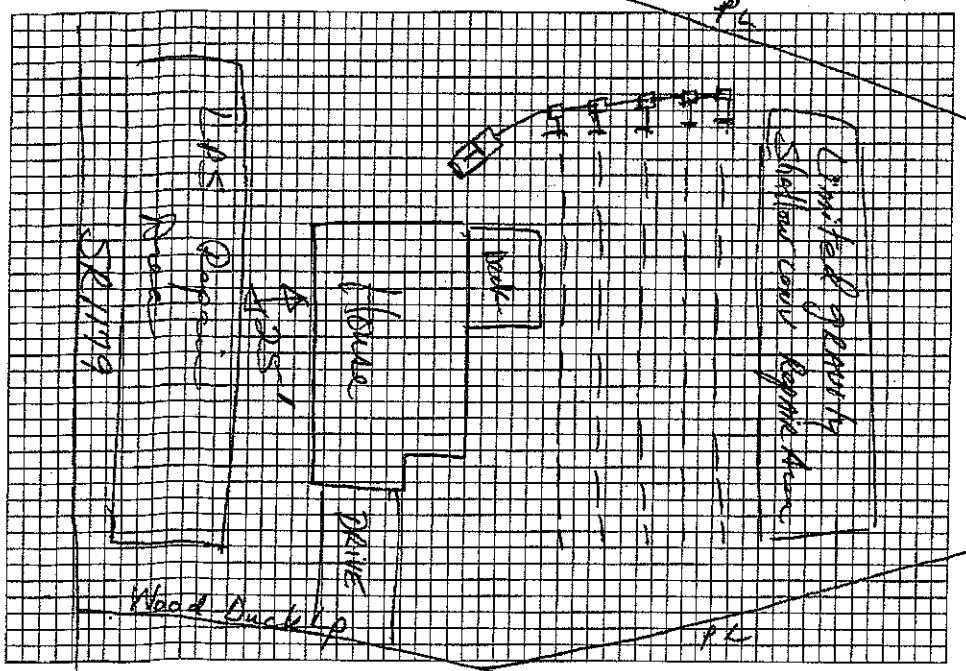
Application Rate .25 gpd/ft2/day

Topography N 8%

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 1000 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1500 Linear Ft. 500

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Pond

Installed by Tommy Frye

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 ASL, DRH

COMMENTS _____

CERTIFICATE OF COMPLETION BY Jack D. Hinson, RS DATE 3/9/93

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