13962

IREDELL COUNTY HEALTH DEPARTMENT

PIN# 4638-21-4398

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Michael T Kistler DATE 5/1/92 PERMIT NO. 2N-5-A-16

PHONE: Business _____ Home 399-3016

LOCATION Robinson Rd; 150 W TR Robinson Rd on (L) just before Rustic Way

S.R. No. _____

SUBDIVISION NAME East Lake Subdivision LOT NO. 16 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 20,000 FT²

Soil Characteristics P - C - SC + TRANS

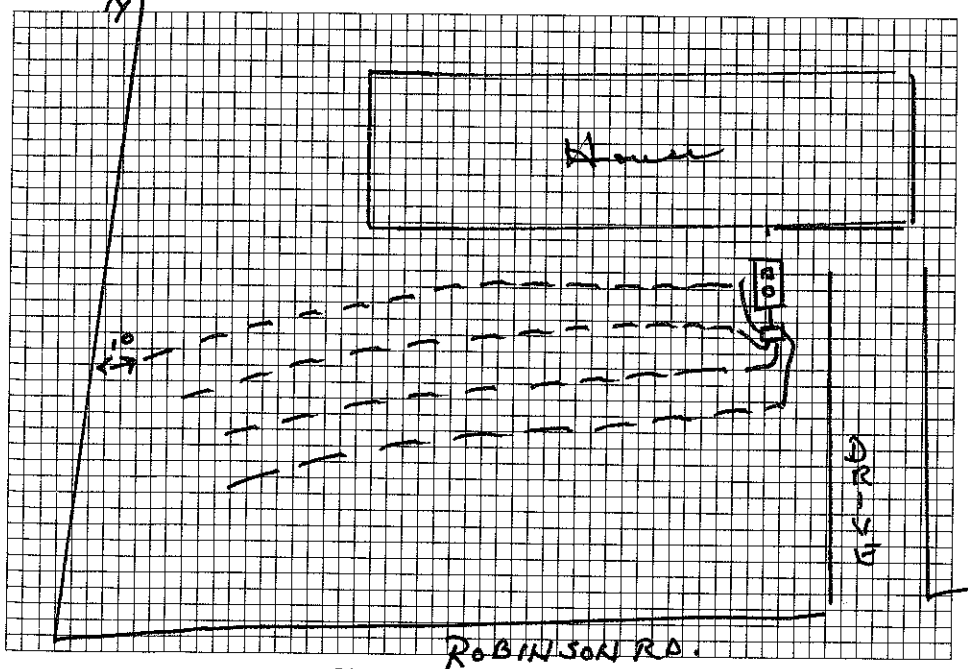
Application Rate P, 3 (of - wk st.)

Topography P 3%

Depth to Water Table S - > 48"

Rock or other impervious formations S - None observed

_____ Basement with Plumbing ☑well Basement without Plumbing _____ No Basement _____ Crawl Space ✓



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4@100'x3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Behind House

Public ☐

Installed by Julian Bowles

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 AWS

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 5/1/92

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