43250

14594

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR STEVE TSITOURIS DATE 7-10-92. PERMIT NO. 3L-3-A-K6.

PHONE: Business _____ Home _____

LOCATION Marriage Farm Rd. off State Park Rd. - T.L. on Stillwater Rd. - go approx. 1/2 mi. on left. S.R. No. _____

SUBDIVISION NAME _____ LOT NO. 16. SECTION OR BLOCK NO. _____

NEW House [✓] Mobile Home [ ] Business [ ] Other Repair + Addition to existing S.T. system.

No. Bedrooms 4 No. Bathrooms 4

Garbage Disposal Unit Yes [ ] No [✓]

Auto. Dishwasher Yes [ ] No [✓]

Auto. Wash. Machine Yes [✓] No [ ]

Lot Area Ample.

Soil Characteristics Prov. Suitable.

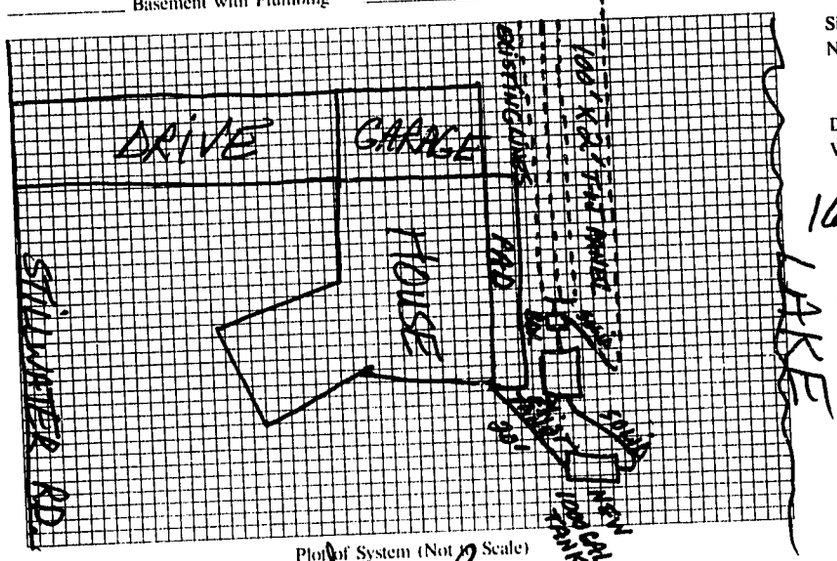
Application Rate .4 gal./sq.ft.

Topography 2-6%

Depth to Water Table 10'+

Rock or other impervious formations none observed.

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



Plot of System (Not to Scale)

Size of Tank ADD A 1000 Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 200 Linear Ft. 100

Depth of Stone in Lines 6" SAND.

Water Supply: Individual [✓] Public [ ]

16" T+J PANEL SYSTEM INSTALLED.

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 Steve Brown

COMMENTS _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 7-10-92.

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