4659-54-1918

13748

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Louis + Carlene Tomaselli DATE 4/15/93 PERMIT NO. 4E4A19

PHONE: Business _____ Home _____

LOCATION 115 N, TR ON Freeze Crossing to 1st drive on (R) before cul de sac

S.R. No. _____

SUBDIVISION NAME Freeze Crossing LOT NO. 18-19-20 COMBINED SECTION OR BLOCK NO. 1

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 3AC

Soil Characteristics P - c/c TRANS

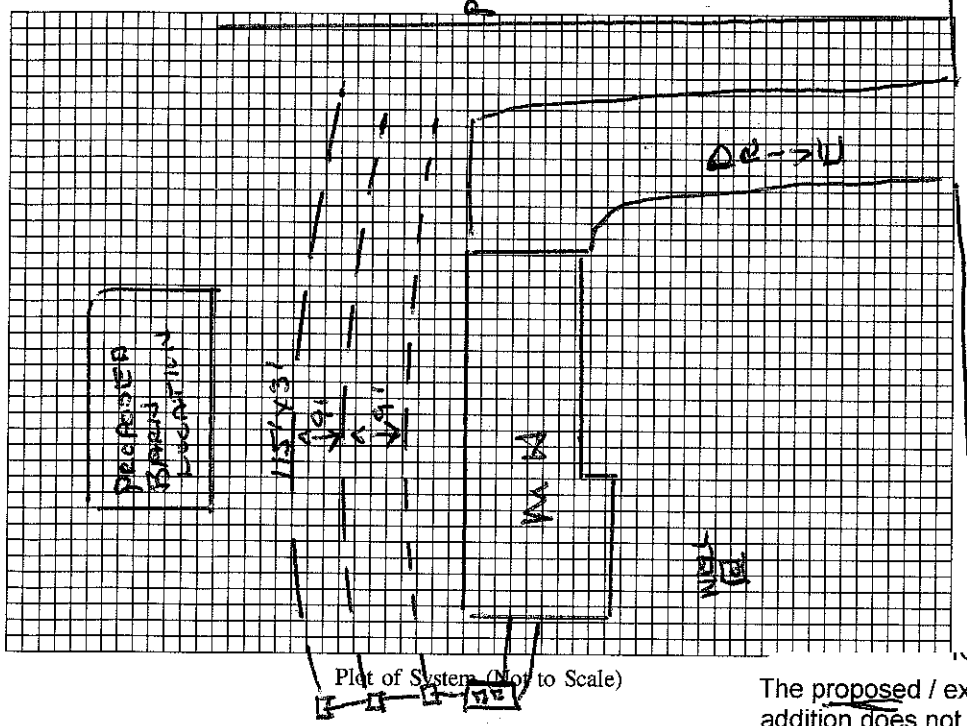
Application Rate P - .35 (4 ap. w/ K 36)

Topography P - ~ 4%

Depth to Water Table S > 48"

Rock or other impervious formations S None observed

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



Plot of System (Not to Scale)

Size of Tank 1260 Gals.

Nitrification Field:

No. of Lines 3 @ 115' x 3'

Sq. Ft. 1050 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by ~~Grant~~ Ben Grant - West Lincoln Grading - Lincolnton Co.

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.)

ICHD-Environmental Health Division

IMPROVEMENT PERMIT BY _____

COMMENTS _____

The proposed / existing GARAGE ADDITION addition does not appear to impact the existing septic system.

**NOTE: 30' ADDITION TO REAR OF GARAGE

Wesley Sparks REHS

Date: 4/26/2010

ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 4/15/93

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