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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Phyllis Alexander DATE 3/24/93 PERMIT NO. IL-5-A-6

PHONE: Business ________ Home ________

LOCATION Summerchase

S.R. No. ________

SUBDIVISION NAME Summerchase LOT NO. 6 SECTION OR BLOCK NO. ________

House ☑ Mobile Home ☐ Business ☐ Other ________

No. Bedrooms 5 No. Bathrooms 3

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ________

Soil Characteristics P - C

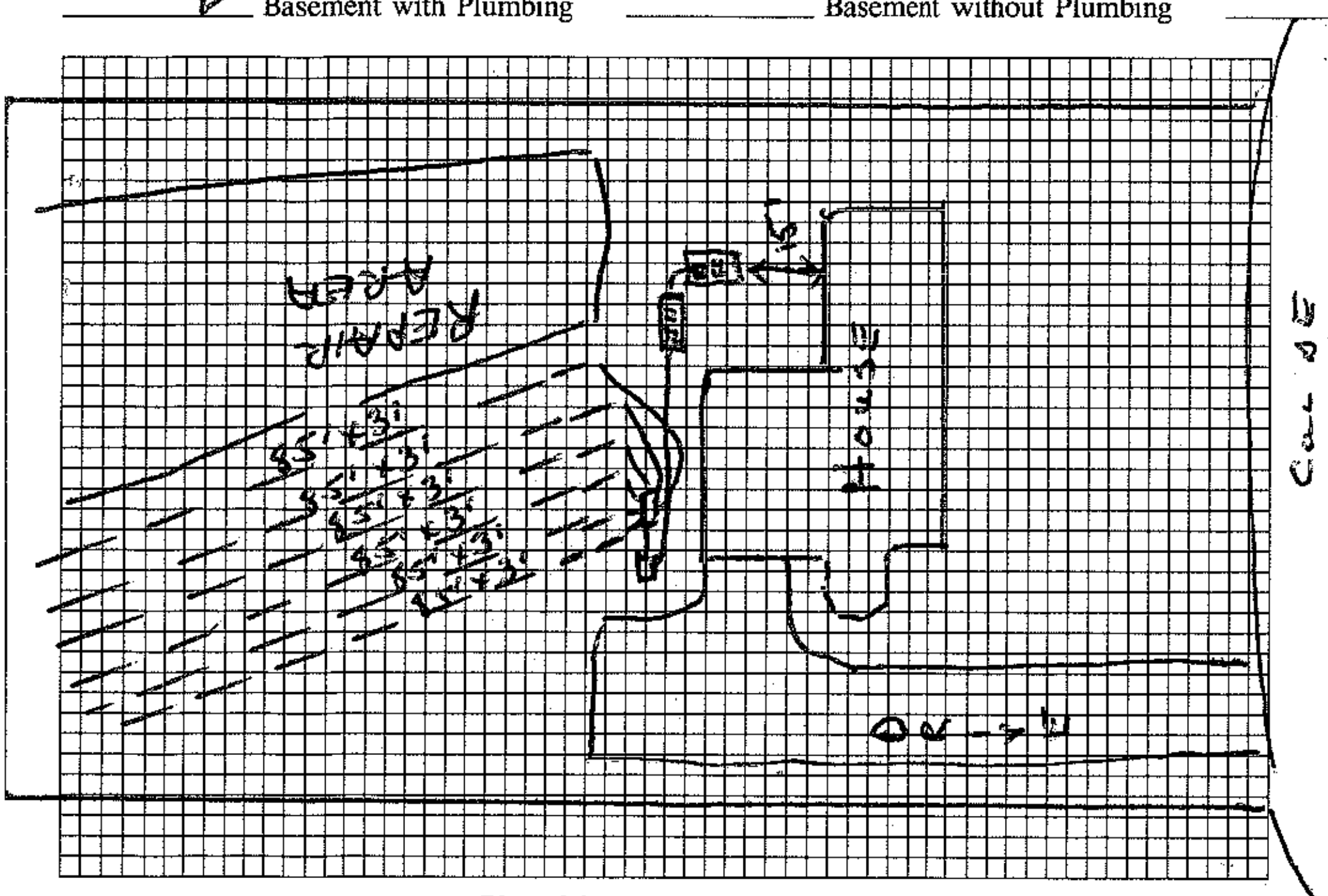
Application Rate P - .4

Topography 1-7%

Depth to Water Table P - 36-40"

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 ST 1500 / PT 1500 Gals.

Nitrification Field:

No. of Lines 6 @ 85' x 3'

Sq. Ft. 1500 Linear Ft. 500

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED YET

Public ☐

Installed by ________

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 Wesley Sparks R.S.

COMMENTS Basement finished - with plumbing unlike first planned. Number of bedrooms increased by 2 from what was originally permitted. Stub out of plumbing necessitates pumping to beg box then to gravity dist. box as drawn here. - Voids 7/5/90 Improvement Permit

CERTIFICATE OF COMPLETION BY ________ DATE ________

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