4750187469

15670

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Raymond L Stout DATE 2/19/93 PERMIT NO. 4L 3A

PHONE: Business _____ Home 528-0890

LOCATION Summertree Dr., Stop sign TL to lot 19 on (L) before cul de sac.

SUBDIVISION NAME Summertree S.R. No. _____

LOT NO. 19 SECTION OR BLOCK NO. 1

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area > 20,000 FT2

Soil Characteristics P - SIC / SI C TRANS

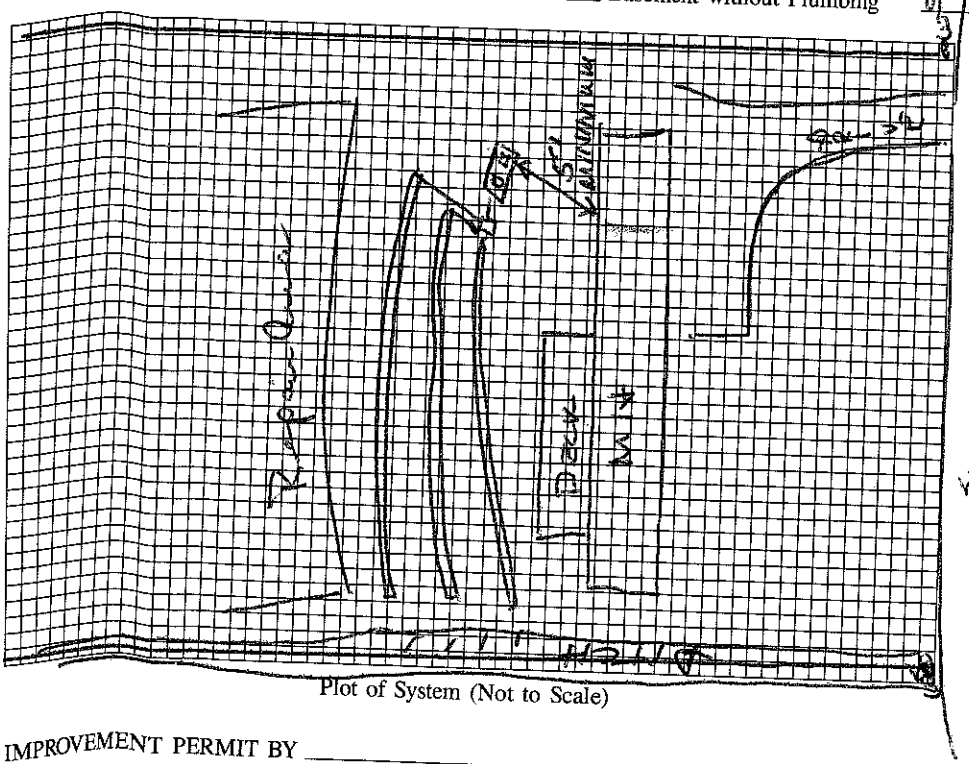
Application Rate P - .3 - .35 (wk, ss, sp.)

Topography P - GN

Depth to Water Table S > 48"

Rock or other impervious formations S None Found

_____ 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 3@ 85'x2 ✱

Sq. Ft. _____ Linear Ft. 195

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☑ NOT DRILLED

Public ☐ YET

Installed by DELLINGER

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 _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY Wesley Sparks RS DATE 2/19/93

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