IREDELL COUNTY HEALTH DEPARTMENT

14542

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Steve & Suena Reed Ling DATE 6/3/92 PERMIT NO. 4L-3-A-31

PHONE: Business _____ Home 664-7514

LOCATION Summertree Dr. on (R) before cul de sac S.R. No. _____

SUBDIVISION NAME Summertree LOT NO. 31 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 - sc / sic trans.

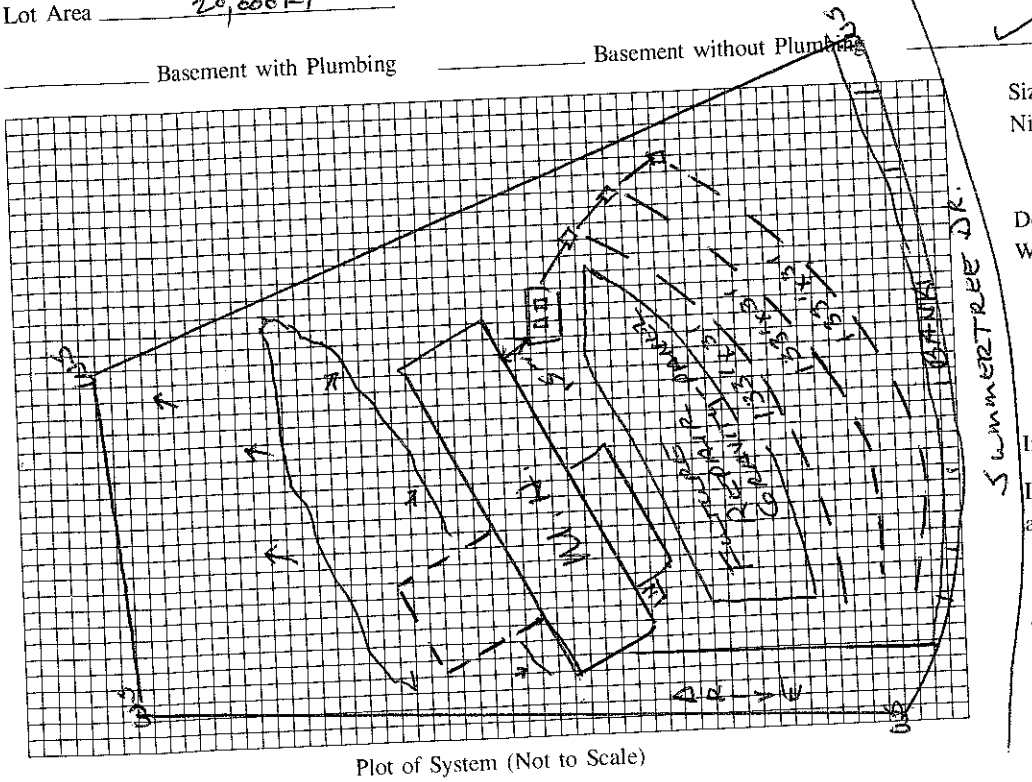
Application Rate P - .3 (wk, ss / sf)

Topography P - 20%

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 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 133' x 3'

Sq. Ft. 1200 Linear Ft. 399

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED YET

Public ☐

Installed by Harding Dellinger Const. 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.)

IMPROVEMENT PERMIT BY _____

COMMENTS D/Well not done yet - to be 50' from closest point of contamination. Lot tight to get long trench on.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 6/3/92

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 fal information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold