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IREDELL COUNTY HEALTH DEPARTMENT

14155

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Richard J Balcer DATE 8/3/92 PERMIT NO. 4L-3-A-37

PHONE: Business _____ Home _____

LOCATION Franklinwoods straight into Franklinwood Tract Stop, TRON Serendipity to lot at end of road to ® off Cul de Sac S.R. No. _____

SUBDIVISION NAME Summertree LOT NO. 37 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 1.05 AC

Soil Characteristics P C

Application Rate P .4

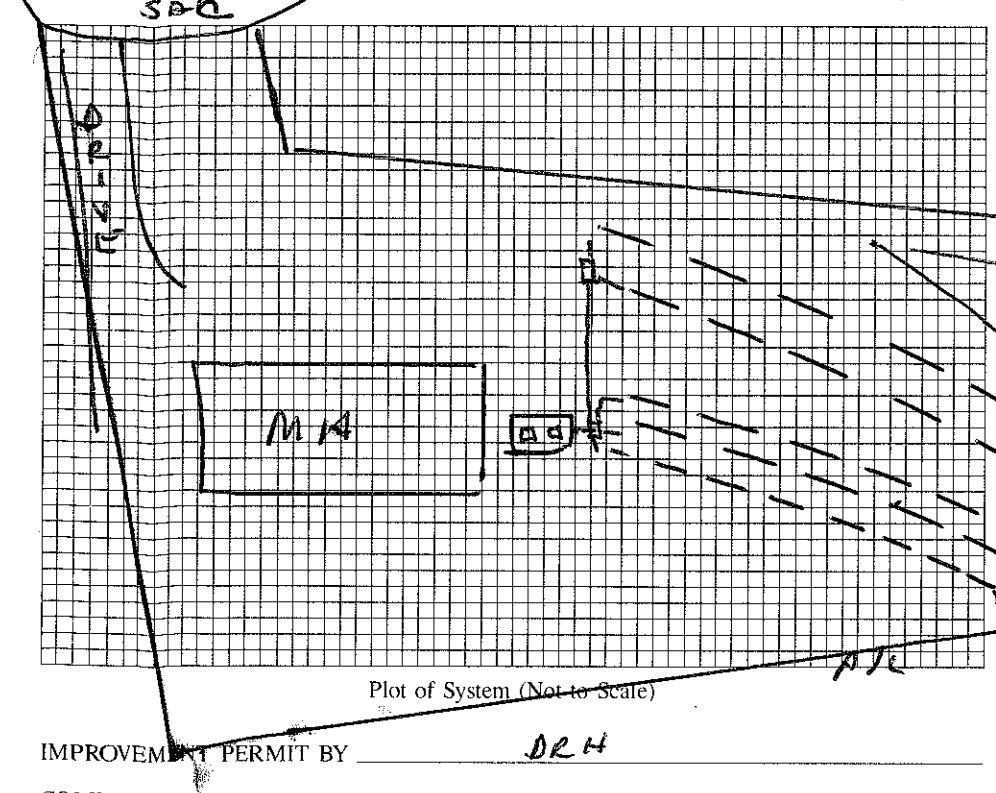
Topography P 40%

Depth to Water Table 5 >48"

Rock or other impervious formations 5 - None encountered

Cul de Sac

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



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5 @ 60' x 3'

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED YET

Public ☐

Repair Area

Installed by Tommy Fryer

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 DRH

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 8/3/92

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 false information is supplied toward securing Improvement Permit.

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