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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Quentin Harding DATE 7/7/92 PERMIT NO. 4L-3-A-34

PHONE: Business ______ Home 478-3885

LOCATION 115-21N TR 1001 (Oswalt-Amity Rd) TR Franklin Wood, bear (R) into Summertree TR, then 1st R, on (L) near top of hill

SUBDIVISION NAME Summertree LOT NO. 34 SECTION OR BLOCK NO. ______ S.R. 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 ~ 3 AC.

Soil Characteristics P - C

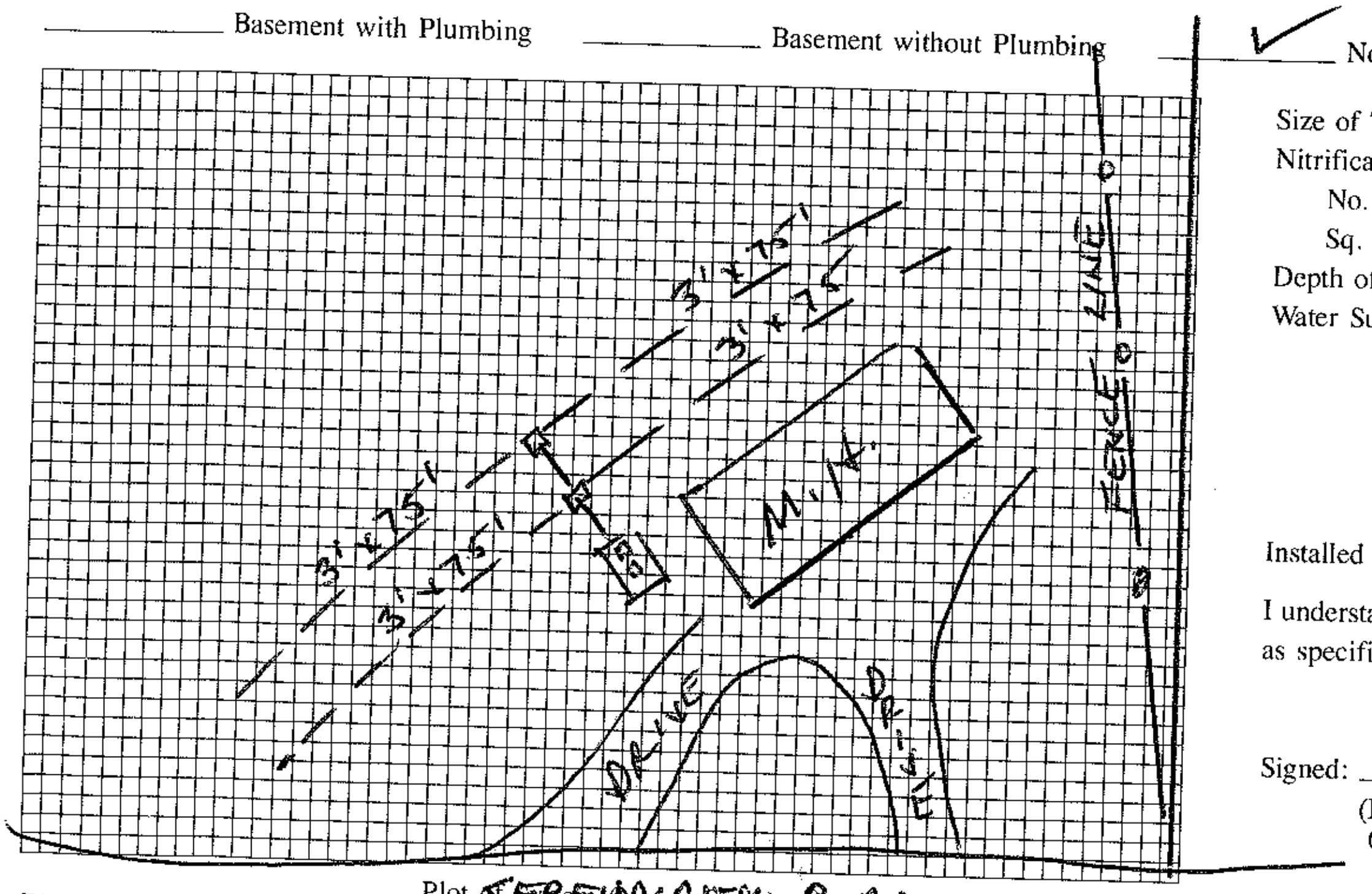
Application Rate P - .4 (sbk, ss)

Topography P - 4-8%

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 (Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 75' x 3'

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED YET

Public ☐

Installed by Wayne Potts

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 Wesley Sparks R.S. DATE 7/7/92

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