4751200002

# IREDELL COUNTY HEALTH DEPARTMENT

15168

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Charles L Cowan DATE 12/15/92 PERMIT NO. 4L-3-A-39

PHONE: Business 664-1034 Home

LOCATION Summertree - Serendipity - O-A TR on Frankincense, TR AT STOP TR on Serendipity to 4 lines on ®

S.R. No.

SUBDIVISION NAME Summertree LOT NO. 39 SECTION OR BLOCK NO.

House ☐ Mobile Home ☑ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics

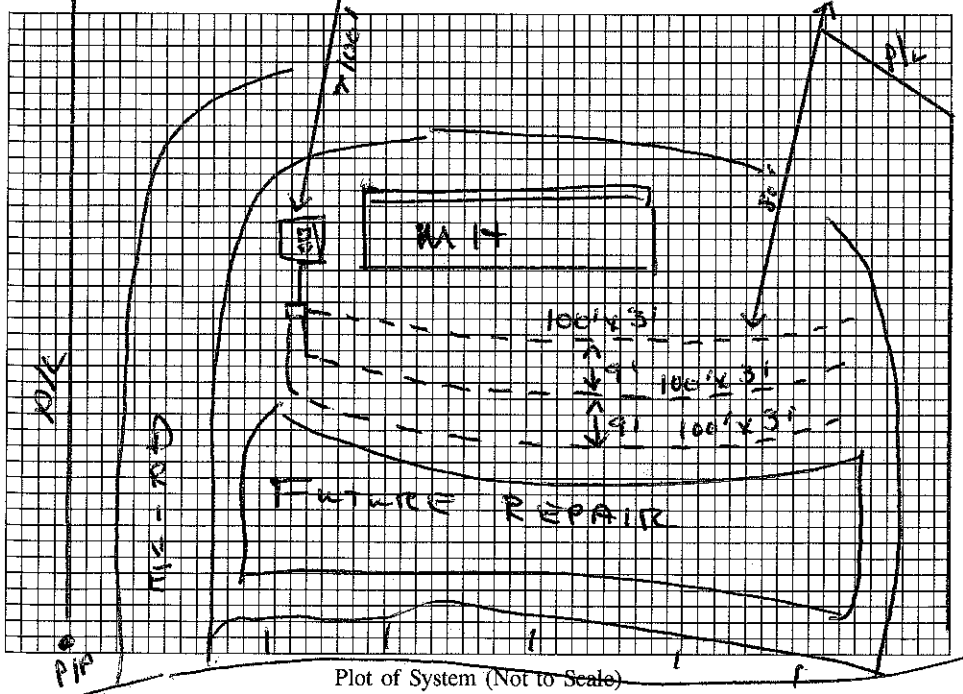
Garbage Disposal Unit D/W Yes ☐ No ☑ Application Rate

Auto. Dishwasher D/W Yes ☑ No ☐ Topography

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table

Lot Area ~ 20,000 FT.2 Rock or other impervious formations

Basement with Plumbing Basement without Plumbing No Basement Crawl Space




Plot of System (Not to Scale)

SERENDIPITY

Size of Tank Gals.

Nitrification Field:

No. of Lines

Sq. Ft. Linear Ft.

Depth of Stone in Lines

Water Supply: Individual ☐ Public ☐

Installed by Larry Powell

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 RS. 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