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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ron & Katherine Ray DATE 9/9/92 PERMIT NO. 41-3-A-2

PHONE: Business ______ Home ______

LOCATION Franklinwoods, TR into 2nd drive on (L)

S.R. No. ______

SUBDIVISION NAME Summertree LOT NO. 2 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 20,600 FT²

Soil Characteristics P scl / c

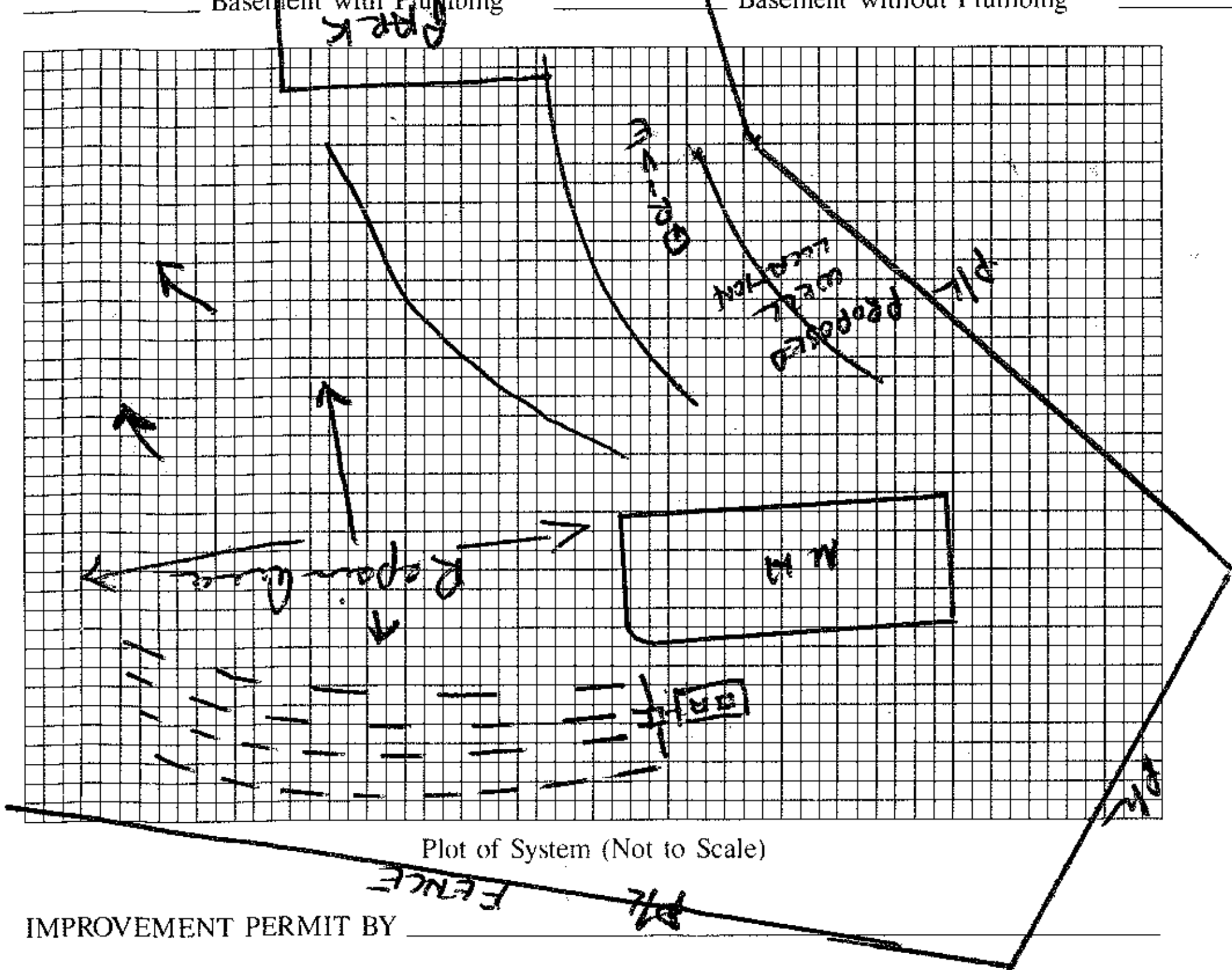
Application Rate P .3 (SF, SP.)

Topography P - 2%

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 4 @ 95-97' x 3'

Sq. Ft. 1200 Linear Ft. ~400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED

Public ☐

Installed by Dellinger Grading

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 9/9/92

SYSTEM CHECKED BY ______ DATE ______

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

...y unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false ...lied toward securing Improvement Permit.

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

15071

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ronald & Katherine Ray DATE 8/20/92 PERMIT NO. 4L-3-A-2

PHONE: Business _____ Home 704-878-5136

LOCATION Summertree off Franklinwoods Rd. to 3rd lot on (L)

S.R. No. _____

SUBDIVISION NAME Summertree LOT NO. 2 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ DW 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 - scl / c

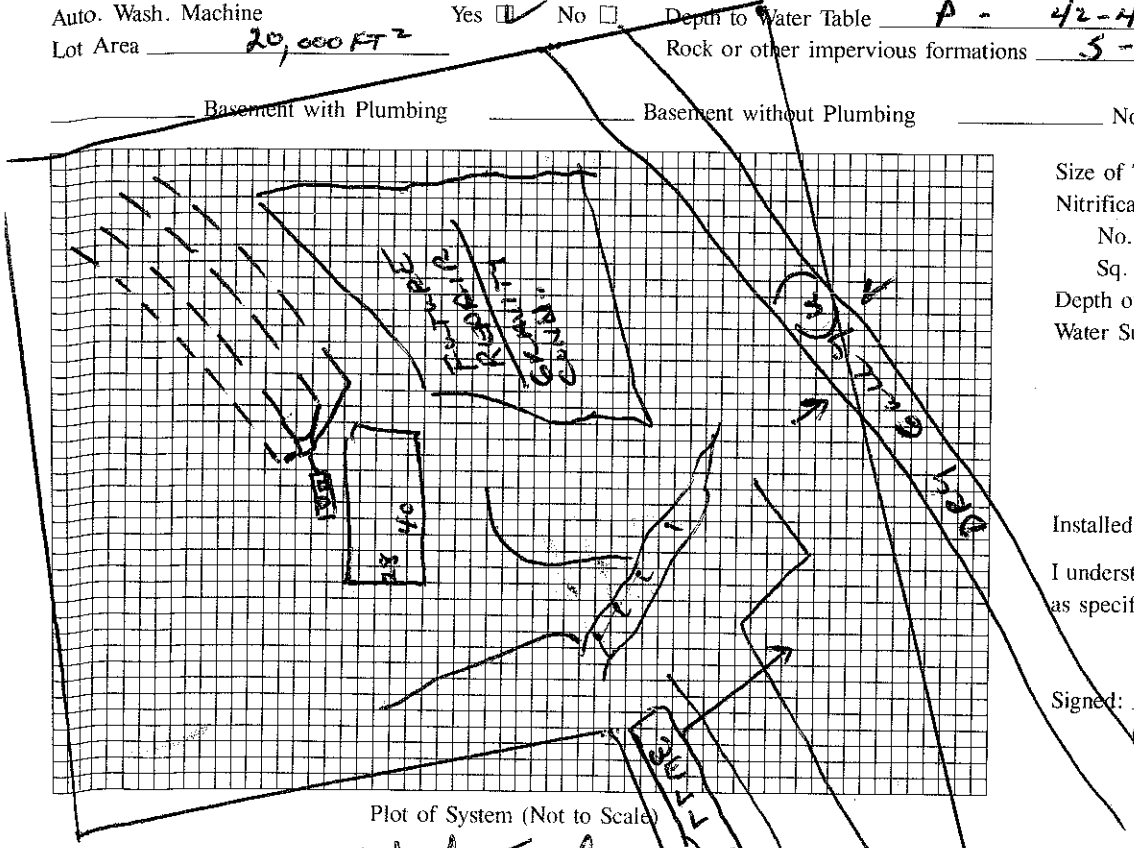
Application Rate P - .4 (SF, SP, wk-sbk)

Topography P - 3%-5%

Depth to Water Table P - 42-46" (1%-15% mottles)

Rock or other impervious formations S - 48"

_____ 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 4 @ 100'x3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED

Public ☐ YET

Installed by _____

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: Katherine L. Ray

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Wesley Sparks RS

COMMENTS

May use 5 80'x3' lines if necessary. Keep lines no deeper than 30" to trench bottom. DO NOT CUT TRAILER LOCATION DOWN OR PUMPS WILL BE NECESSARY. Lines to follow slope contour in direction shown

CERTIFICATE OF COMPLETION BY _____ 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