15244

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ronnie Day DATE 10/15/92 PERMIT NO. 4L-3-A-k

PHONE: Business _____ Home N/A

LOCATION Summertree, enter TL to last dwelling ahead of cul de sac. S.R. No. _____

SUBDIVISION NAME Summertree LOT NO. 6 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 ~1.14c

Soil Characteristics P - C/SaC

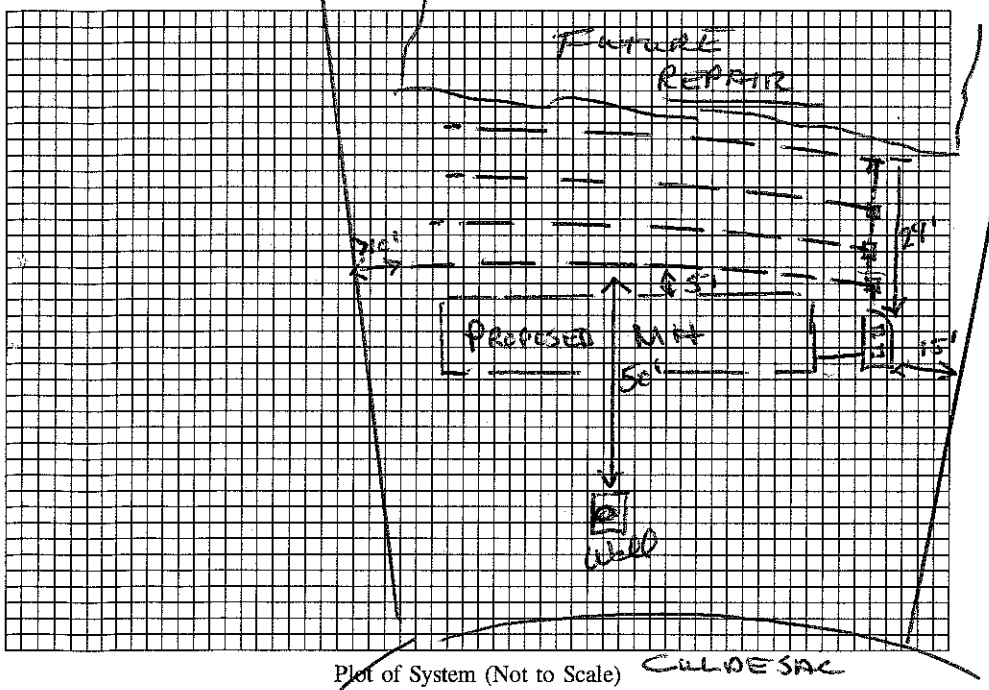
Application Rate P - .35 (wk grAN - SS - FR)

Topography P - 3%

Depth to Water Table S 48"

Rock or other impervious formations S None

_____ 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 @ 88, 85, 85, 99 x3'

Sq. Ft. 1028 Linear Ft. 342

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by (*) Powell Backhoe Svcs. Cleveland, NC

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 10/15/92

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