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# IREDELL COUNTY HEALTH DEPARTMENT

14629

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR George Williams DATE 6/30/92 PERMIT NO. 4L-3-A-4

PHONE: Business _____ Home 878-3121

LOCATION Frankliwood Rd. (R) off Oswalt Dairy, straight in to Summertree to stop sign, TL to lot on (L) on corner S.R. No. _____

SUBDIVISION NAME Summertree LOT NO. 4 SECTION OR BLOCK NO. 1

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 2Ac

Soil Characteristics P - wk grave

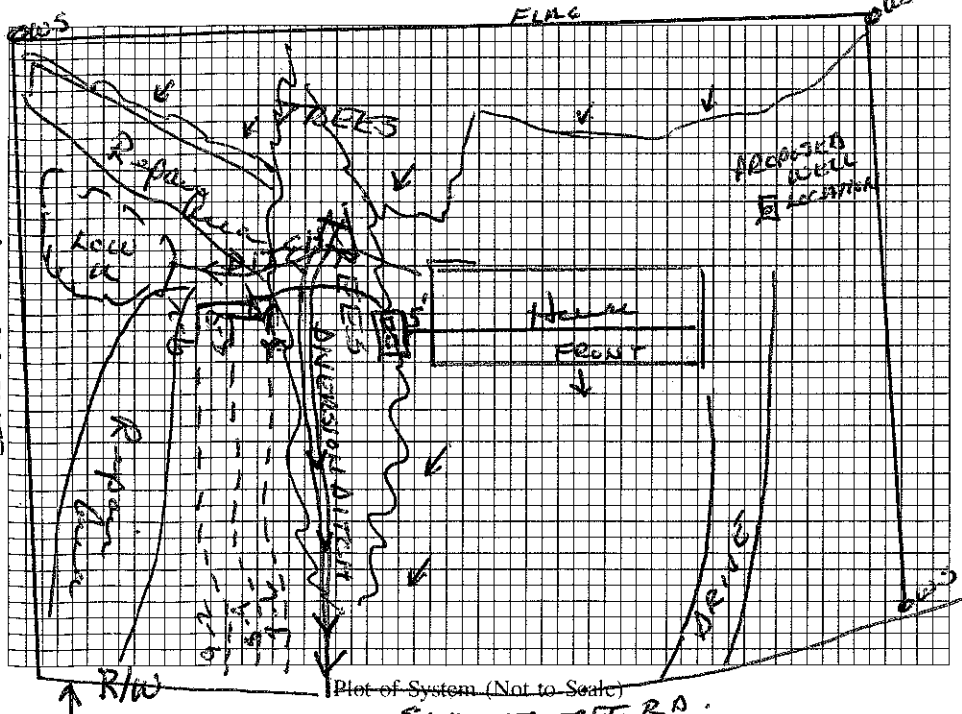
Application Rate P - .4 (wk SS)

Topography P - 17%

Depth to Water Table P - 48"

Rock or other impervious formations 5 - None observed

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




Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 100' x 3'

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED

Public ☐

STB-754 - 4/21/97

Installed by Dellinger Septic Tanks

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

Signed: X George Williams

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

IMPROVEMENT PERMIT BY Wesley Sparks R.S.

COMMENTS MAXIMUM TRENCH DEPTH 28" - DIVERSION DITCH CONSTRUCTED ABOVE DRAINFIELD AS SHOWN HERE - KEEP DRAINLINES OUT OF ROAD R/W

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 6/24/97

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