15297

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Elaine M Kees (FOSTER HOUSING) DATE 10/7/92 PERMIT NO. 4L-3-A-5

PHONE: Business 528-9449 Home

LOCATION ~~SR 1001~~ I 15 N, TR 1001, TR FRANKLINWOOD, ONTO ~~FRANKLINWOODS RD~~ RAINWOOD, TL ON ~~RAINWOOD~~ SUMMERTREE TO 2ND LOT ON (L) S.R. No.

SUBDIVISION NAME SUMMERTREE LOT NO. 5 SECTION OR BLOCK NO. 1

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 1.3 AC.

Soil Characteristics P - 5, C 1(5) C

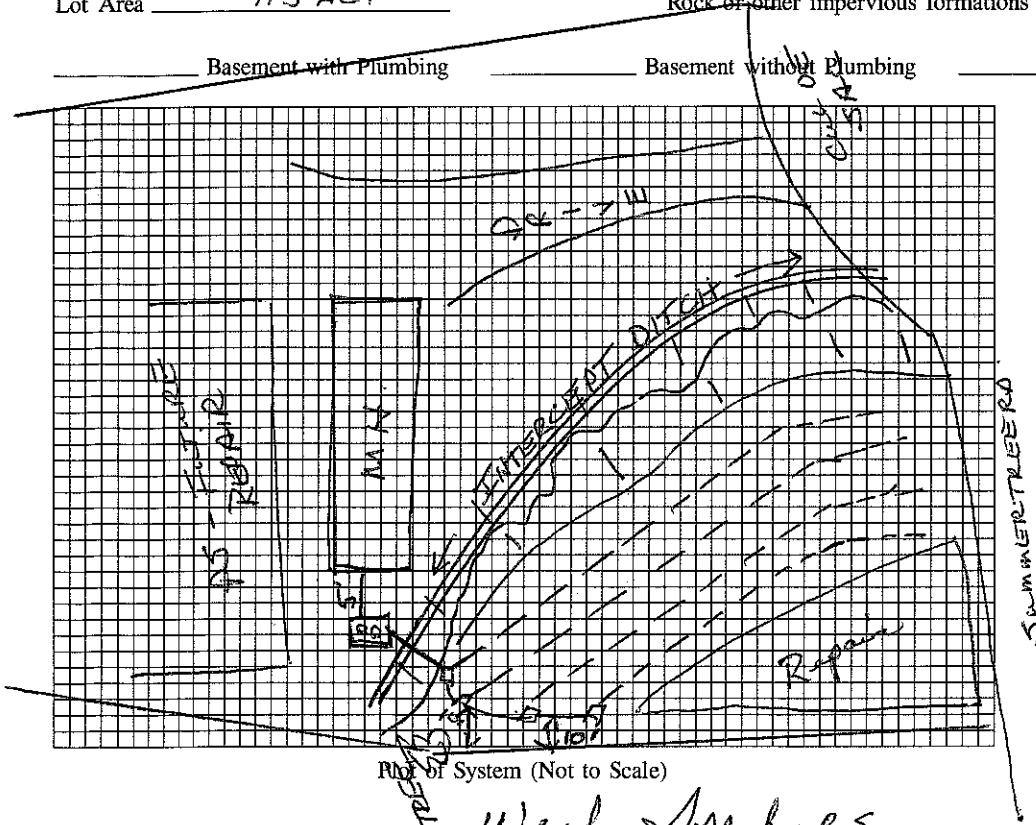
Application Rate P - .3 (WK 5&K, 5(↑24")

Topography P - 2% (SLIGHTLY CONCAVE)

Depth to Water Table 5 - 48"

Rock or other impervious formations 5 - 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 @ 100' x 3'

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:

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

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS CONTOUR LINES CRITICAL — INTERCEPT DITCH BEFORE INSTALLATION — AREA SHOULD BE SMOOTHED OUT BEFORE INSTALLATION — TRENCH DEPTH NO DEEPER THAN 30" TO TRENCH BOTTOM - ALL PARTS OF SYSTEM 10' INSIDE PROPERTY LINES

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