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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Walter R. Patterson DATE 8/21/92 PERMIT NO. 4L-3-A-18

PHONE: Business _____ Home 782-6835

LOCATION Franklinwoods Rd. off Oswalt Amity Rd.

S.R. No. _____

SUBDIVISION NAME Summertree LOT NO. 18 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 1.08 Ac

Soil Characteristics P

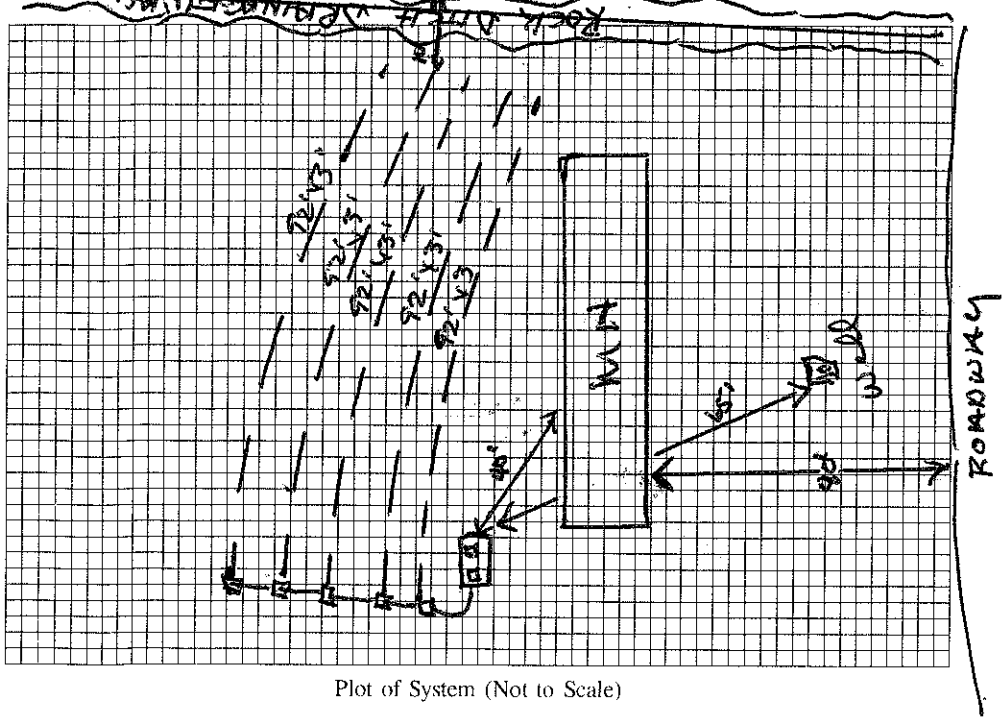
Application Rate P - .3 (ay - wk structure

Topography P - 3-5%

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 5 @ 90' x 3'

Sq. Ft. 1250 Linear Ft. 450

Depth of Stone in Lines 12"

Water Supply: Individual ☑

Public ☐

Installed by Lashstone Plumbing

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 8/21/92

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