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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Mark & Trisha Greenwood DATE Jan. 21, '92 PERMIT NO. 4L-3-A-43

PHONE: Business _____ Home _____

LOCATION 115-21 N. TR1001 (Amity-Estbalt Rd.) TR Franklin Woods Rd. bear right into Summertree TR on right S.R. No. _____

SUBDIVISION NAME Summertree LOT NO. 43 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 1.1 Ac

Soil Characteristics ps clay / silty clay loam trans.

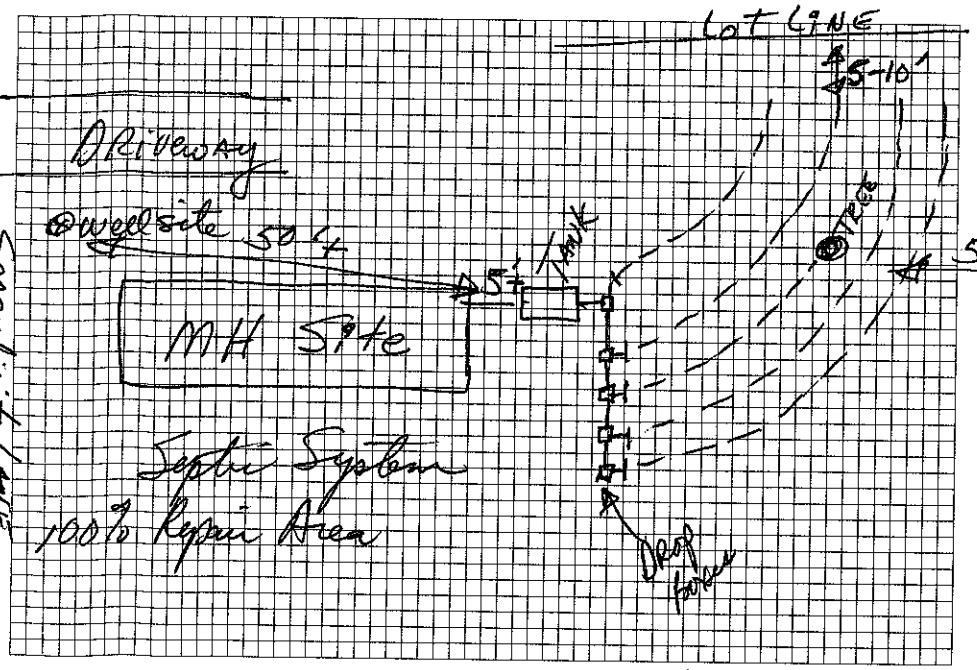
Application Rate Ln35

Topography 15-25%

Depth to Water Table 6'+

Rock or other impervious formations none obs.

_____ 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

Sq. Ft. 1050 Linear Ft. 350

Depth of Stone in Lines 12"

Water Supply: Individual ☑ TO BE DRILLED

Public ☐

Installed by Tommy Dellinger

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 _____ DRH

COMMENTS Mobile Home not on site at time of septic system approval. Well not drilled.

CERTIFICATE OF COMPLETION BY David R. Hinson, RS. DATE 1-21-92

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