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IREDELL COUNTY HEALTH DEPARTMENT

14062

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Richard K Greene DATE 8/12/92 PERMIT NO. 4L3A45

PHONE: Business _____ Home _____

LOCATION Oswalt Dority Rd. TR on Frankliwood bear (R) into Summertree 1st lot on (R) S.R. No. _____

SUBDIVISION NAME Summertree LOT NO. 45 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ DW Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 2.6AC

Soil Characteristics P - C

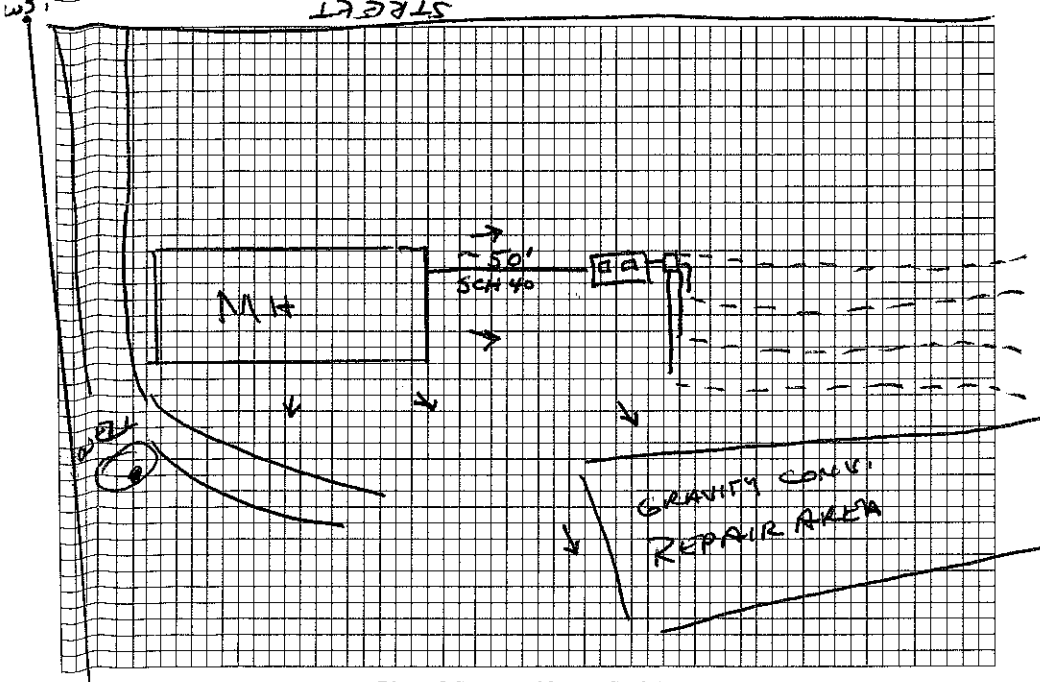
Application Rate P - .3 (Op - 5f - low chroma sp/otches (p))

Topography P - 4%

Depth to Water Table P - 30-32"

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 1500 Gals.

Nitrification Field:

No. of Lines 4@ 100'x3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

TO CULL AREA

Installed by BOB MAYHEW

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 18-20" TRENCH DEPTH HELD.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 8/12/92

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