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IREDELL COUNTY HEALTH DEPARTMENT

13483 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert Jennings DATE 10/7/91 PERMIT NO. 4L-3-A-3

PHONE: Business _____ Home 663-6363

LOCATION 115 N, TR Oswalt Acres TR Franklin Woods, Lear Rd to Summertree 3rd lot on (L) S. R. No. _____

SUBDIVISION NAME Summertree LOT NO. 3 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

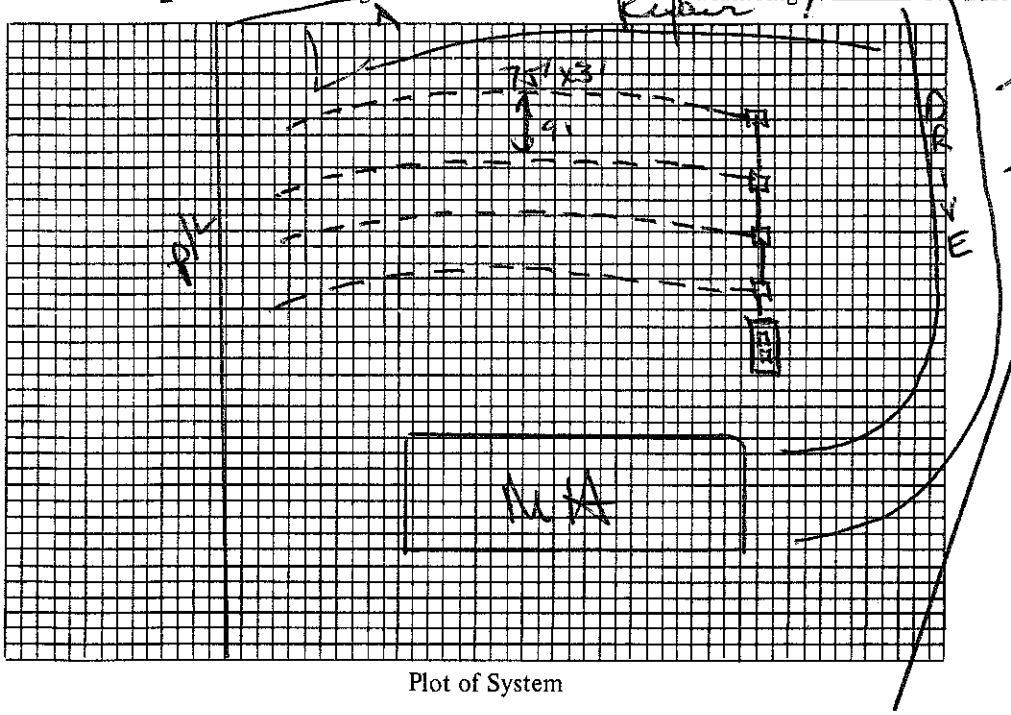
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil P
Percolation Rate .4
Topography Gently
Depth to Water Table >48"
~~Rock or other impervious formations~~ none observed

Lot Area 1 AC.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓



Plot of System

Size of Tank 1000 Gals.

~~Nitrification~~ Field:
No. of Lines 4 @ 75' x 3'
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Wayne Potts

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 10/7/91

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 false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold