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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Acreage Investments DATE 2/21/92 PERMIT NO. 4L-3-A-7

PHONE: Business _____ Home _____

LOCATION Summertree, Oswalt Cavity TR Franklin Woods, straight into Summertree TR at intersection on (R) of cul de sac S.R. No. _____

SUBDIVISION NAME Summertree LOT NO. 7 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 ~1Ac

Soil Characteristics P - cl + transition

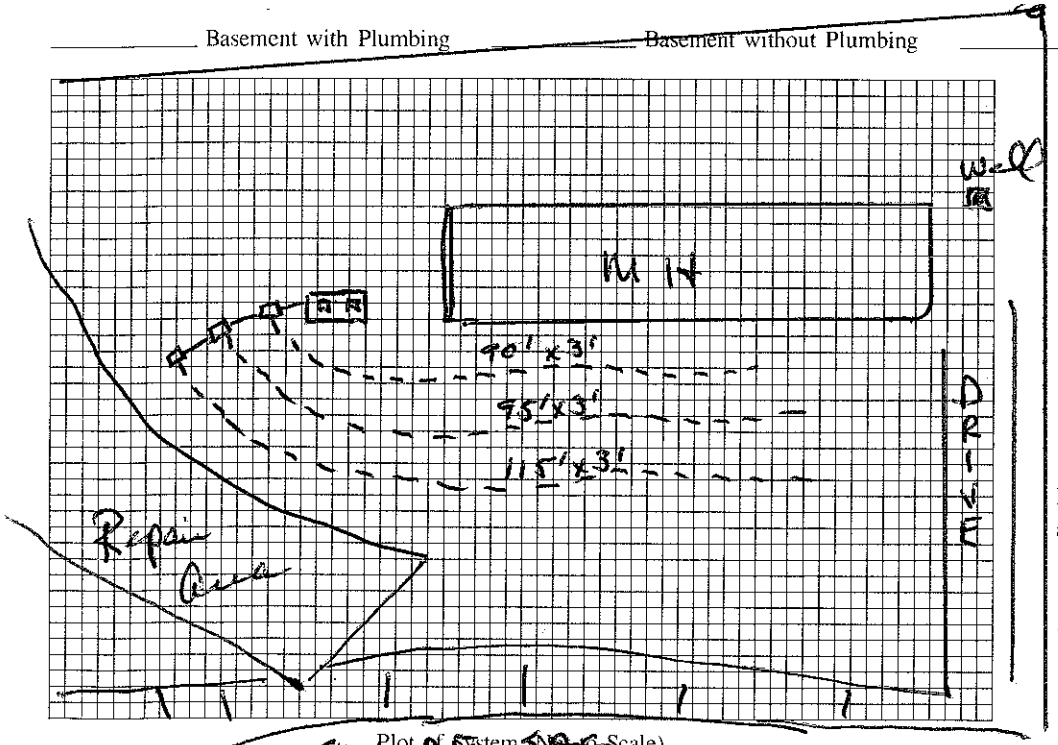
Application Rate .4

Topography 4-5%

Depth to Water Table >48"

Rock or other impervious formations 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 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Dellinger Trading Co.

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 Well being drilled on this date.
Lines very nearly level on contours. 36" deep trenches with drop boxes.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 2/21/92

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