4635691202

IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR Thomas H. Whitley DATE 5/6/88 PERMIT NO. _____

PHONE: Business (800) 432-6990 Home 664-6085t

LOCATION 1100 TL Stutts TL Angler on left at end. S. R. No. _____

SUBDIVISION NAME Commadore LOT NO. 128 SECTION OR BLOCK NO. _____

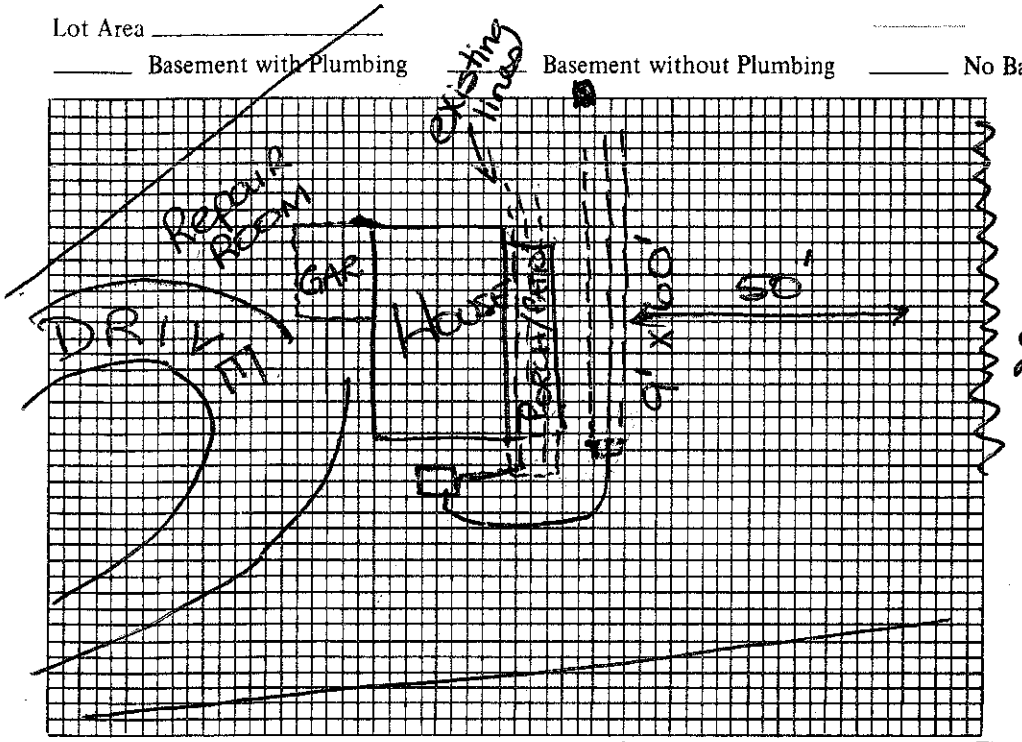
House ( ) Mobile Home ( ) Business ( ) Other Repair final

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	existing	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate		
Auto. Wash. Machine	Yes (✓)	No ( )	Topography		
Site Suitable	Yes ( )	No ( )	Depth to Water Table		
			Rock or other impervious formations		

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank existing Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 540 Linear Ft. 180
Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public ☒ Community Lake

Installed by Julian Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrew C. Pierce

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Pierce DATE 5/6/88

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