IREDELL COUNTY HEALTH DEPARTMENT

14221

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Dawn McBride DATE April 21, '93 PERMIT NO. 2G-6-A-147

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 TR 2nd 1212 on left corner of Martin Drive

S.R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 147 SECTION OR BLOCK NO. _____

Modular

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 10-15,000 ft²

Soil Characteristics FS clay

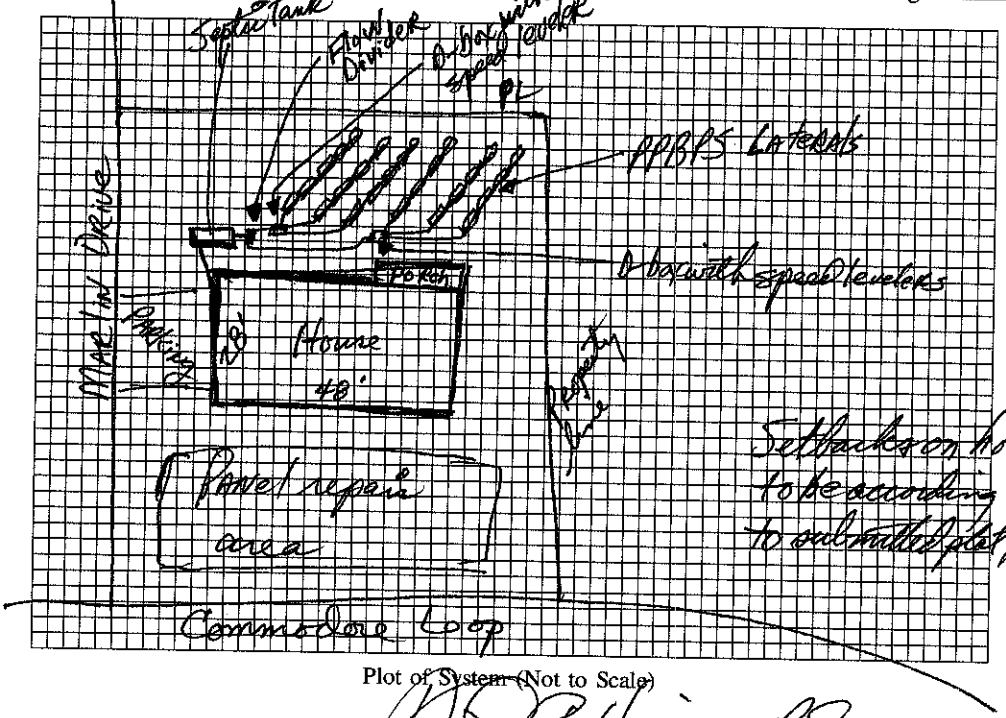
Application Rate .13 gal/sq ft/day

Topography 4-6%

Depth to Water Table > 4'

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: 2 subfields (100' each)

No. of Lines 3+3

Sq. Ft. _____ Linear Ft. 200' of

Depth of Stone in Lines 16" APPPS

Water Supply: Individual ☐ Public ☑ CW

Installed by _____

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

Signed: Charles M McBride

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

Setbacks on house to be according to submitted plot plan

IMPROVEMENT PERMIT BY Jason R. Hinson, RS

COMMENTS Exit plumbing and set tank at ground level in order to to keep drainfield shallow

SCP STB358 1000 gal.

11-20-93

CERTIFICATE OF COMPLETION BY _____ DATE _____

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