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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 Charles McBride DATE 5-2-84 PERMIT NO. 121

PHONE: Business _____ Home _____

LOCATION 400 R 1112 R 2nd 1212 0.1 mile on left S. R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 146 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 15,000 Ft²

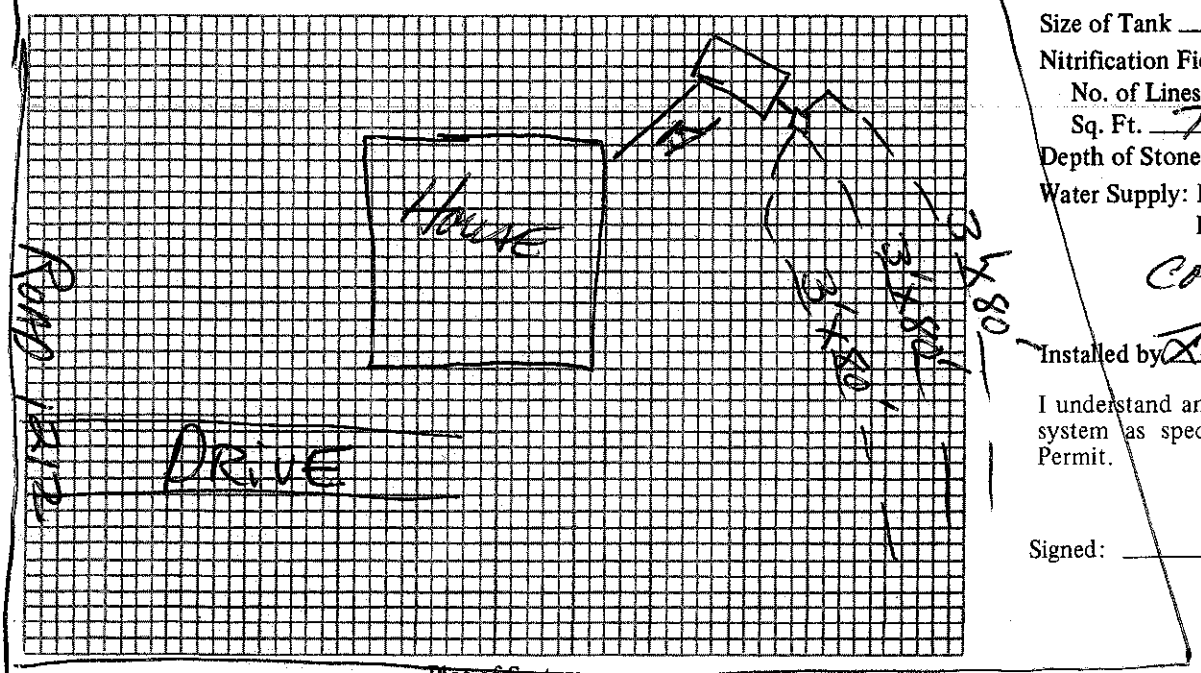
Character & Porosity of Soil Clay loam

Percolation Rate 0.5 gal/ft²/day

Topography Level

Depth to Water Table 4

Rock or other impervious formations None observed



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240'

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (X) Commodore H20

Installed by Lawson Linton

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 5-2-84

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