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 Mike Clenhouse DATE May 16, '90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 Rt 11.12 (Stutts Rd.) Rt 2nd 1212 ~3rd house on Right

S. R. No. _____

SUBDIVISION NAME Commodore LOT NO. ? SECTION OR BLOCK NO. _____

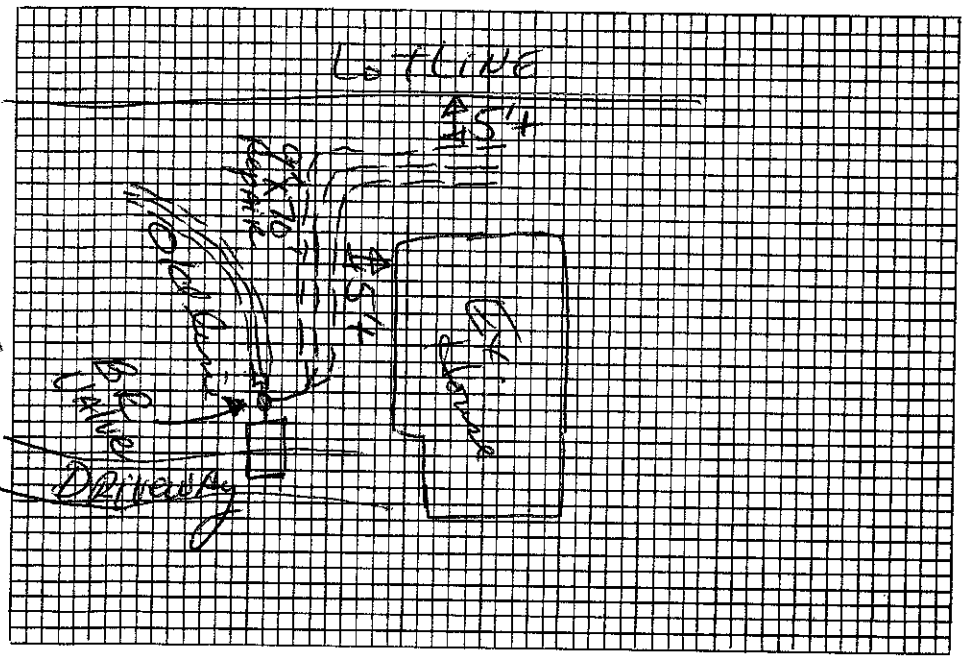
~~Ex~~

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

No. Bedrooms 3	No. Bathrooms 2½			Character & Porosity of Soil	clay
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	2-3
Auto. Dishwasher	Yes (✓)	No ( )		Topography	2-4%
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	6'+
Site Suitable	Yes ( )	No ( )		Rock or other impervious formations	none obs.

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 3 (9'x70' Bed)
Sq. Ft. 630 Linear Ft. 210
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓) CWS

Installed by D. Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Recommend moving driveway over as much as possible to get off septic tank.

CERTIFICATE OF COMPLETION BY _____, EHS DATE 5-16-90

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