4635-69-3849

15393

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Spear Const. Co. DATE Feb. 23, 93 PERMIT NO. 2G6A144

PHONE: Business _____ Home _____

LOCATION 1150 ft 1112 TL 2nd 1212 TL Mainview on left corner lot S.R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 144 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 ~12,000 ft²

Soil Characteristics ps clay

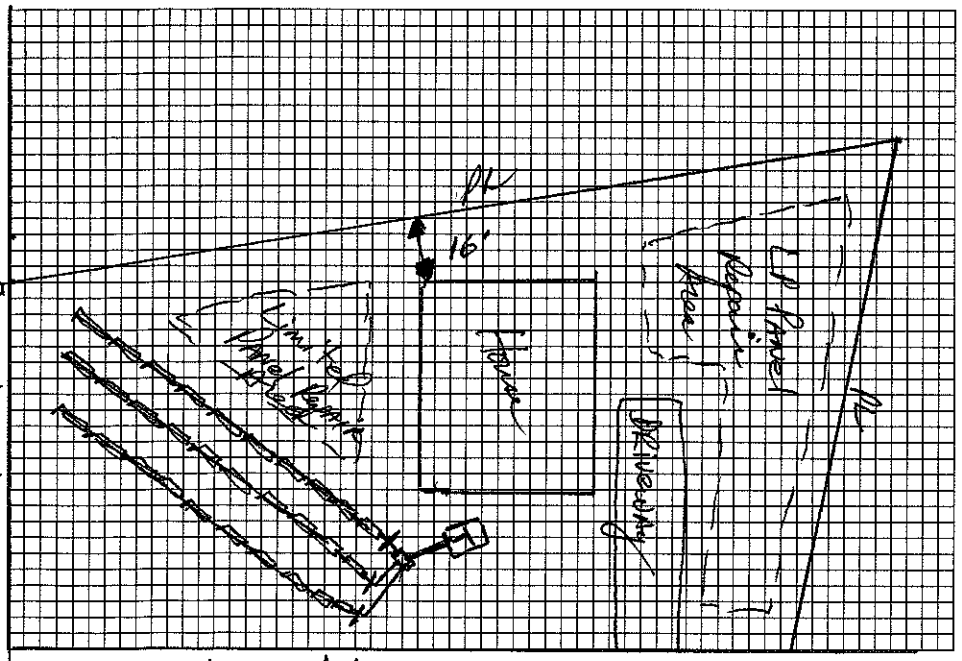
Application Rate 2, 3

Topography 2%

Depth to Water Table 7 ft

Rock or other impervious formations NONE obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Mainview Drive of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 200 lf

Depth of Stone in Lines 16" ABS

Water Supply: Individual ☐

Public ☑ CW

Installed by Rowan S.I.

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 DRH

COMMENTS Plumbing exited from opposite side of house; however no problem was encountered with septic system installation.

CERTIFICATE OF COMPLETION BY David B. Hunsucker, RS DATE 2/23/93

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