4635-69-4706

14298

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Kirk Hendrick DATE 7/14/92 PERMIT NO. 26-6-A-158

PHONE: Business ____________ Home ____________

LOCATION 2nd Commodore Lp. off Stutts Rd, on (L) just past Mainview

SUBDIVISION NAME Commodore Peninsula LOT NO. 158 SECTION OR BLOCK NO. ______ S.R. No. ______

House ☑ Mobile Home ☐ Business ☐ Other ____________

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~20,000 FT2

Soil Characteristics P. c

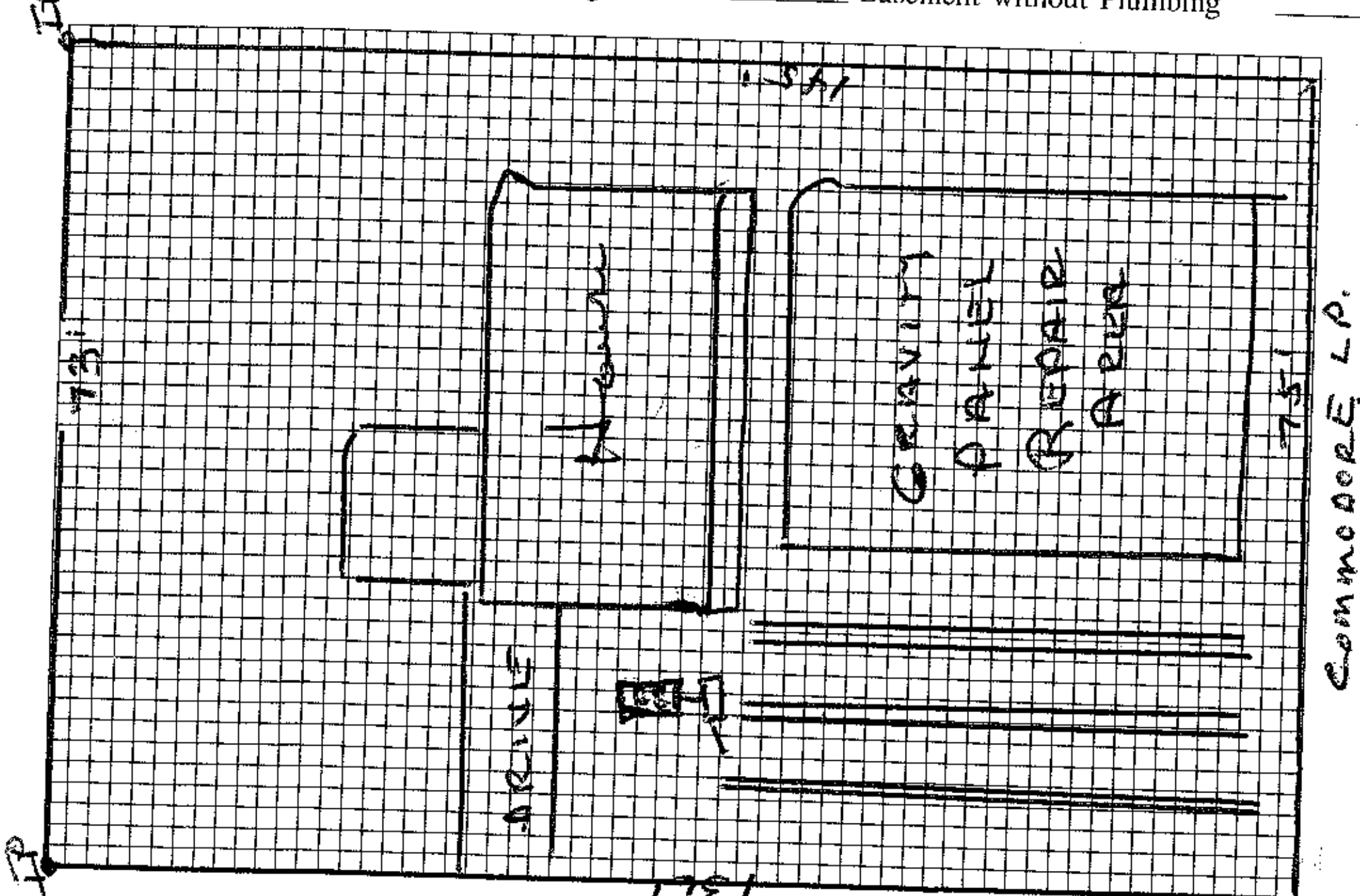
Application Rate P - .35 (wk, sp)

Topography P - 2%

Depth to Water Table S > 48"

Rock or other impervious formations S - None observed

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 50' x 2'

Sq. Ft. ______ Linear Ft. 150*

Depth of Stone in Lines SAND

Water Supply: Individual ☐ Public ☑ COMMODORE SYSTEM

*16" PPBPS DRAIN LINES

Installed by Rowan Septic Tank

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.)

5-27-93

IMPROVEMENT PERMIT BY ____________

COMMENTS ____________

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 7/14/92

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