14298

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Kirk Hendricks DATE 4/8/92 PERMIT NO. 26-6-A158

PHONE: Business _____ Home _____

LOCATION 240 Commodore Lp, TL, TL on Mainview (1299) first lot on (R)

SUBDIVISION NAME Commodore Peninsula LOT NO. 158 S.R. No. _____ SECTION OR BLOCK 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 FT 2

Soil Characteristics P - C - wk, sp

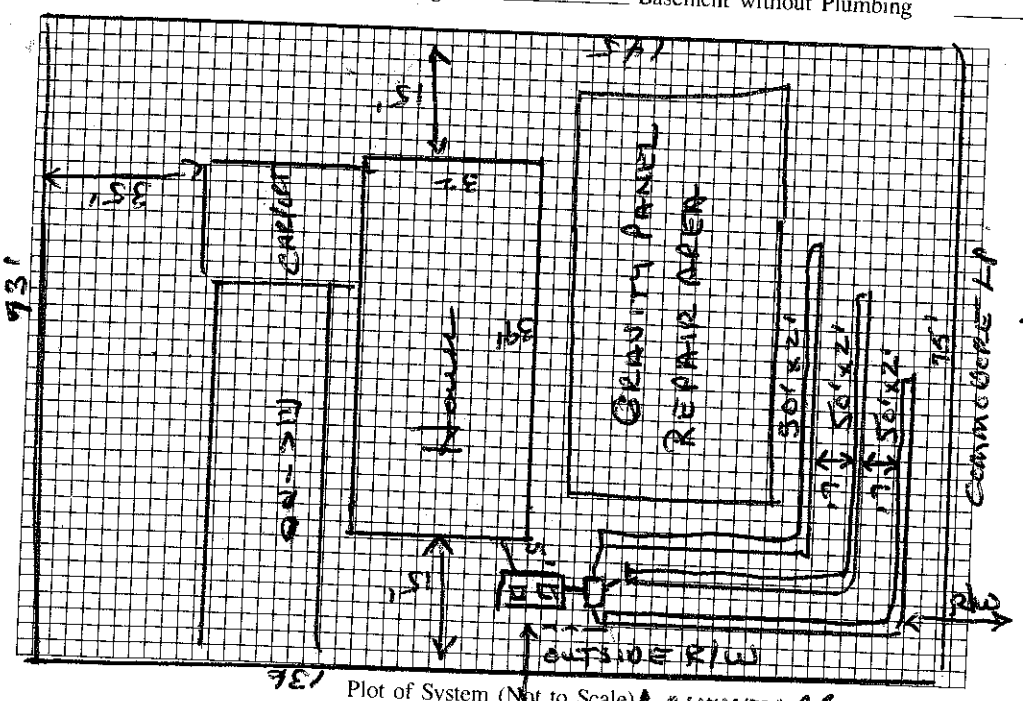
Application Rate P, 35

Topography P - 2%

Depth to Water Table 24"

Rock or other impervious formations None observed

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



Plot of System (Not to Scale) MAINVIEW DR

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 50'x21

Sq. Ft. 1400 Linear Ft. 150'

Depth of Stone in Lines _____

Water Supply: Individual ☐ Public ☑ COMMODORE SYSTEM

* 16" Prefabricated Permeable Panels

Installed by _____

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 Wesley Sparks R.S.

COMMENTS _____

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

DATE _____

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