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# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Spear Const. Co. DATE Dec. 4, '92 PERMIT NO. 266A156

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 (Stutts Rd.) TL 2nd 1212 (Commodore Loop) TL Mainview on left corner lot w/ Channelview Dr. S.R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 156 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 ~10,115 ft²

Soil Characteristics PS clay

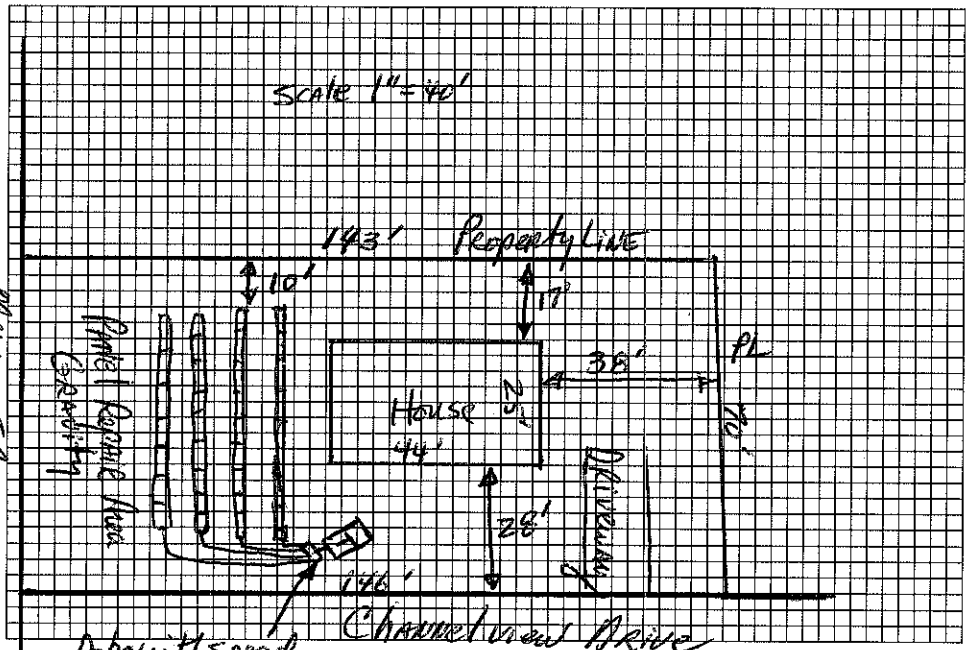
Application Rate .3 gal/ft²/day

Topography 2-6%

Depth to Water Table 7'4"

Rock or other impervious formations None obs.

_____ 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 4

Sq. Ft. _____ Linear Ft. 200' of 16" PVC

Depth of Stone in Lines _____

Water Supply: Individual ☐ County

Public ☑

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 Jerry R. Hinson, RS

COMMENTS Water line to be routed beside driveway into REAR of house.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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