4635695673

# 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 Boyd W. Mullis LAKE NORMAN ASSOC. DATE 2/9/88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TL. Stutts TL 2nd Commodore _____ S. R. No. _____

SUBDIVISION NAME Commodore LOT NO. 161 SECTION OR BLOCK NO. _____

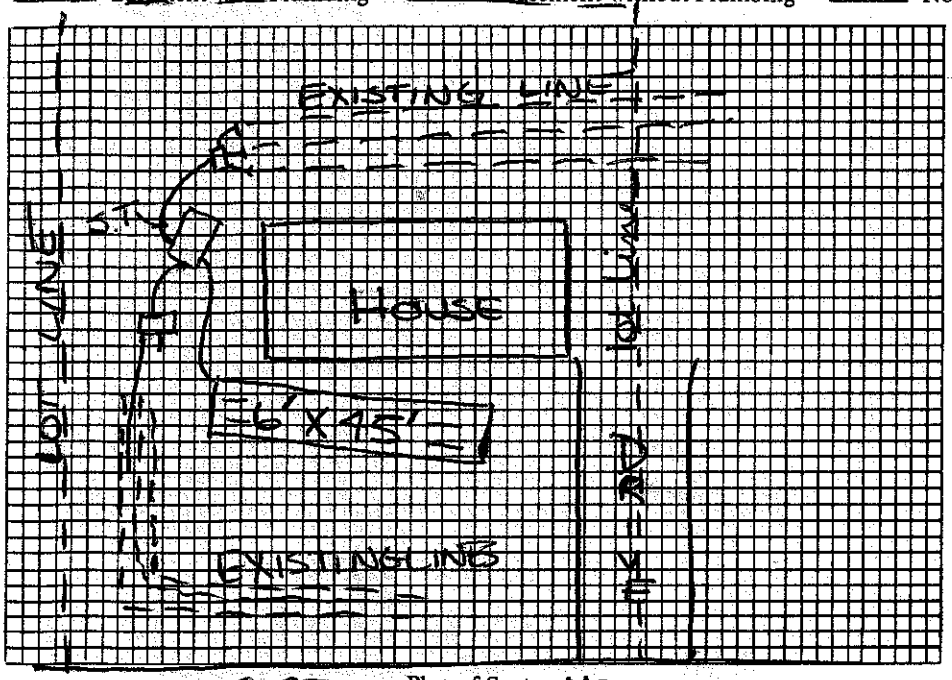
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 2

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | clayey |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate | .4 |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | 2-4% |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | 44 |
| | | | Rock or other impervious formations | none observed. |

Lot Area existing

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement




Plot of System N.T.S.

Size of Tank existing 1000 Gals.

Nitrification Field:

No. of Lines BED REPAIR 1

Sq. Ft. _____ Linear Ft. 45' X 6'

Depth of Stone in Lines 16"

Water Supply: Individual ( )

Public ( )

Installed by AAA Enterprises

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

Signed: _____

IMPROVEMENTS PERMIT BY ACO

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Pierce DATE 2/9/88

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