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II

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 MAX SPEAR DATE 12/4/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TL ~~2000~~ 1112 TL 2nd 1212 (Commodore Loop)
TR Surfside Drive 1st house on R. S. R. No. _____

SUBDIVISION NAME Commadore Peninsula LOT NO. 99 SECTION OR BLOCK NO. _____

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

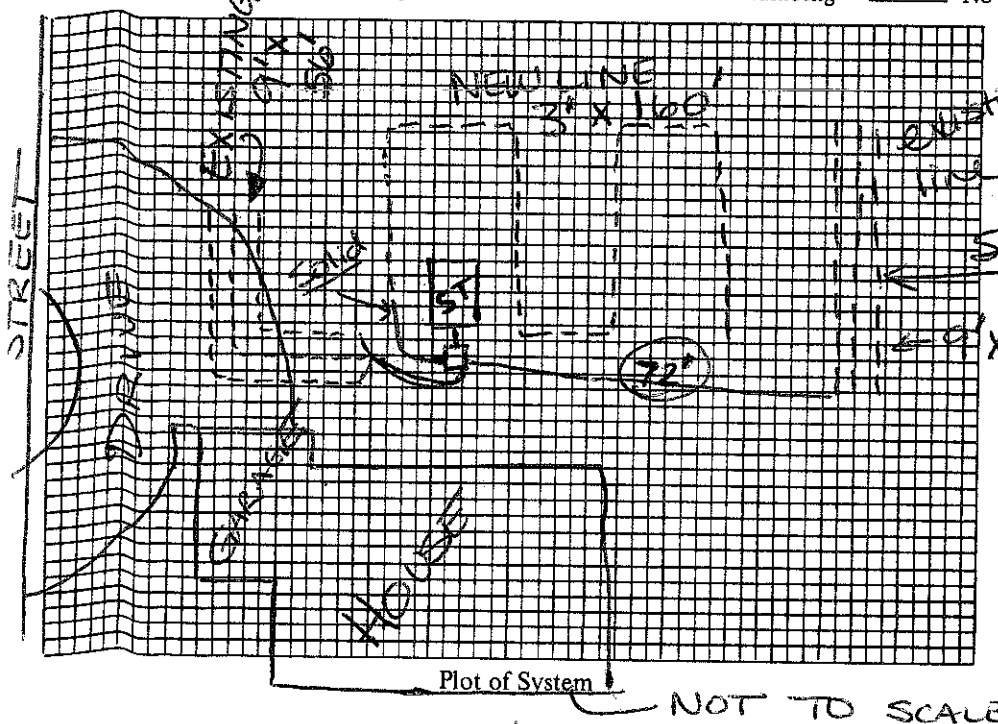
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area EXISTING ~ 15000ft²

Character & Porosity of Soil Clayey
Percolation Rate ~4 gpd/ft²
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



NOT TO SCALE

Size of Tank Existing -1000 Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 480 Linear Ft. 160
Depth of Stone in Lines 12"
Water Supply: Individual ~~(✓)~~ ACP
Public (✓)
Installed by (KIRKPATRICK) ROWAN SEPTIC CO.

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Pierce DATE 12/4/87

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