II

IREDELL COUNTY HEALTH DEPARTMENT 4635-69-6658

13937

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Grant C. Williams Sr. DATE Aug. 26, '92 PERMIT NO. 266A-162

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 TL 2nd 1212 (Commodore Dr.) on left just before jct w/ Surfside Lane S.R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. Pt 162 163 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 144'x92' Existing prior to 1977

Soil Characteristics PS clay

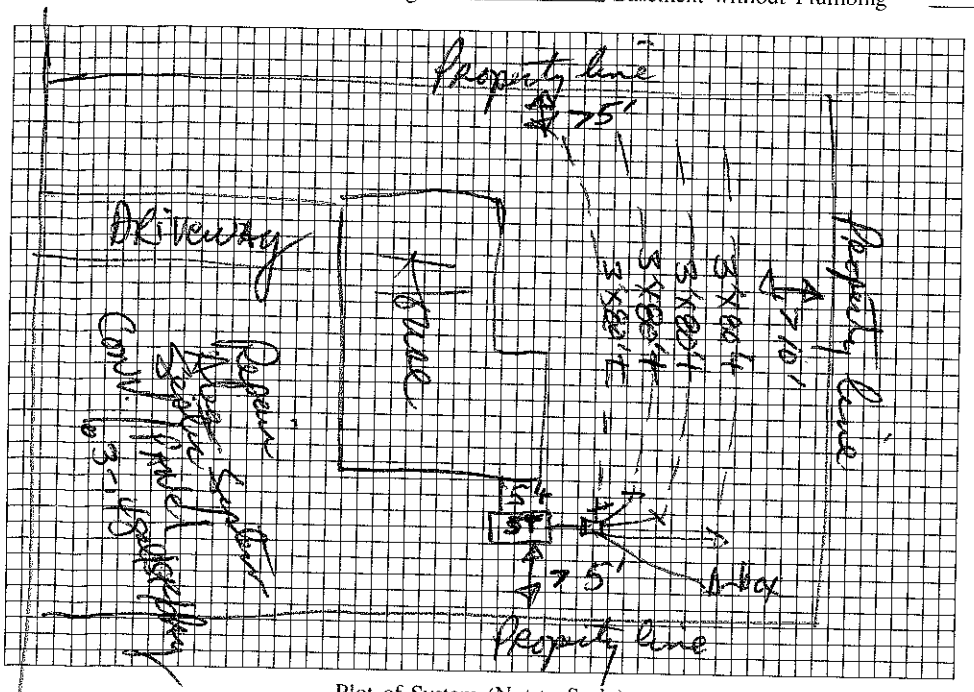
Application Rate .3-.4 gal/sq ft/day

Topography 2%

Depth to Water Table >76"

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 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 960 Linear Ft. 320'+

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑ CW

Installed by D. Jackey

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 AWS

COMMENTS Septic tank shallow but drainfield 7 36" trench bottom esp. at beginning due to uphill grade/slope. No problem noted with soil conditions.

CERTIFICATE OF COMPLETION BY DR Hunsucker, RS DATE 8/26/92

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