2:00

IREDELL COUNTY HEALTH DEPARTMENT

13937

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Grant C Williams Sr. DATE 1/16/92 PERMIT NO. 26-2-A-162

PHONE: Business ______ Home 664-7476

LOCATION 2ND Commodore Loop, on (L) just before Seaside Ln.

SUBDIVISION NAME Commodore Peninsula LOT NO. A-162 / 163 SECTION OR BLOCK NO. ______ S. R. No. ______

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

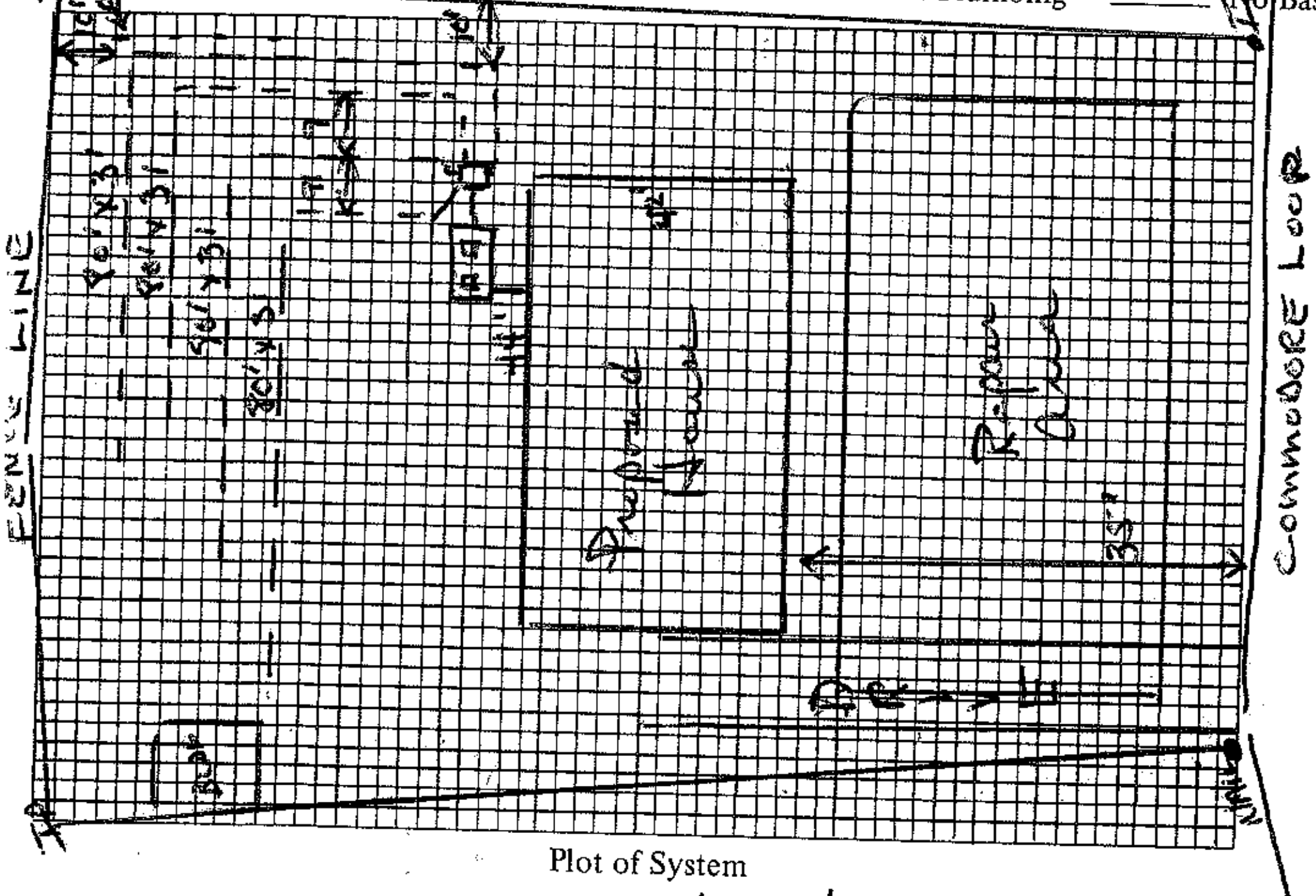
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 144' x 92'

Character & Porosity of Soil P - C/SC (wk sbk + trans)
Percolation Rate .35
Topography 2%
Depth to Water Table >48"
Rock or other impervious formations None found.

Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4 @ 80' x 3'
Sq. Ft. 960 Linear Ft. 320
Depth of Stone in Lines 12"
Water Supply: Individual ( ) Comm.
Public (✓) System

Installed by ______

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

Signed: x Grant C. Williams

IMPROVEMENTS PERMIT BY Wesley Sparks R.S.

COMMENTS: Trenches no deeper than 36" to trench bottom. Septic tank must be set very shallow or pumping will be necessary. Repair area in front of proposed house site.

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 false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold