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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 Beatrice A. Price DATE 8-2-85 PERMIT NO. 339

PHONE: Business _____ Home _____

LOCATION 1100 TF 1112 TL 2nd L212 .2mile
R dirt Street, Lot on R About 1000 FT From 1212 S. R. No. Loop (Commodore)

SUBDIVISION NAME Commodore Peninsula LOT NO. 95 SECTION OR BLOCK NO. _____

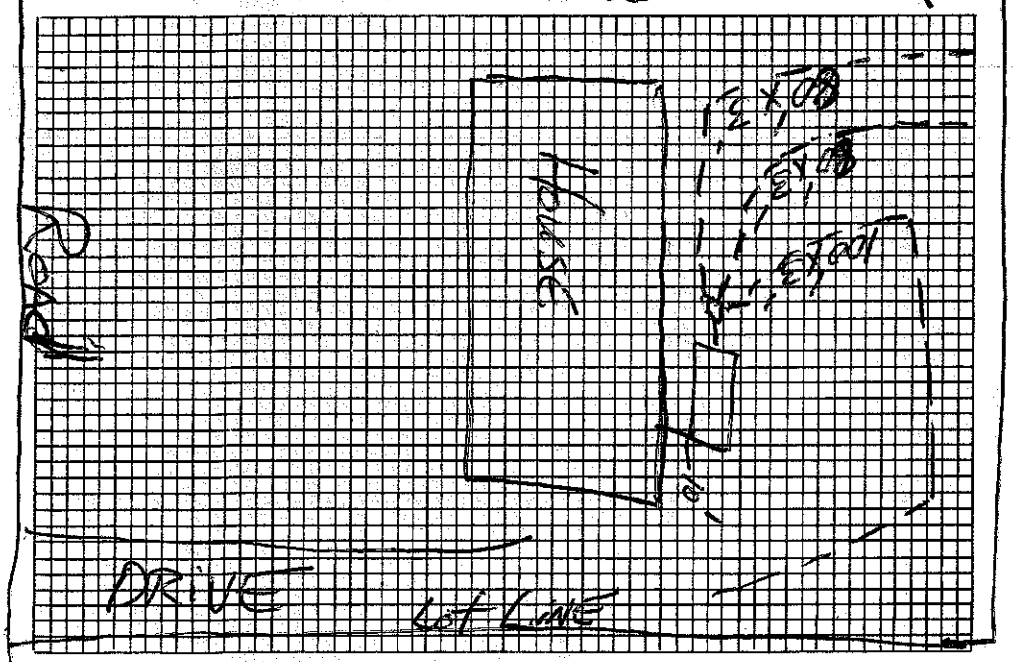
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.5 gal/ft²/day	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2-4%	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4+	
			Rock or other impervious formations	NONE obs	

Lot Area EXISTING LOT RECORDED PRIOR TO 1973

~~Basement with Plumbing~~ ~~Lot Basement without Plumbing~~ X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 120 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (X)
Lot Line H2O System

Installed by J. R. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY F. Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 8-2-85

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