1C325

IREDELL COUNTY HEALTH DEPARTMENT

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

DATE Aug 7, 1989 PERMIT NO. 2G-6-A-68

OWNER OR CONTRACTOR Loren A. Gresh

PHONE: Business _____ Home 664-5532

LOCATION 1100 TL Stutts TL 2nd Commodore Loop TR Surfside 1st house on Left (Mailbox # 866) S. R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 68 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 (existing) No ( )

Site Suitable Yes ( ) No ( )

Character & Porosity of Soil existing

Percolation Rate

Topography

Depth to Water Table

Rock or other impervious formations

Lot Area _____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Size of Tank existing Gals.

Nitrification Field:

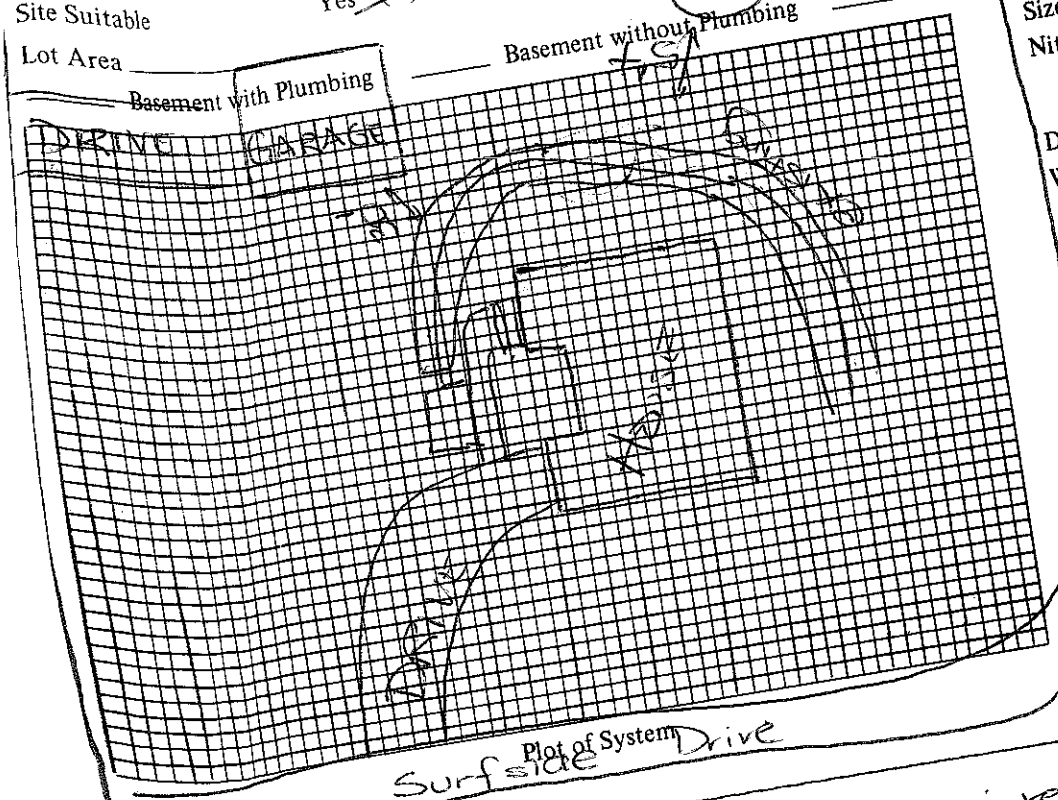
No. of Lines existing Linear Ft.

Sq. Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public (✓)



Plot of System

Installed by _____

I understand and agree to install septic tan system as specified on this Improvemen Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: To add Garage and Gazebo; remodel Balcony to add to size of the Master Bedroom. Existing system shows no sign of malfunction at this inspection

CERTIFICATE OF COMPLETION BY Andre C. Queen, R.S. DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE Aug

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIO

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