IREDELL COUNTY HEALTH DEPARTMENT

08781

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

OWNER OR CONTRACTOR Norman Kinzie DATE Dec. 20, 89 PERMIT NO. 2G-6-A-166

PHONE: Business _____ Home _____

LOCATION 1100 TL #12 (Stutts) TL 2nd #212 (Commodore) on left
just past jct with Surfside DR S. R. No. _____

SUBDIVISION NAME Commodore Pen. LOT NO. 166 SECTION OR BLOCK NO. _____

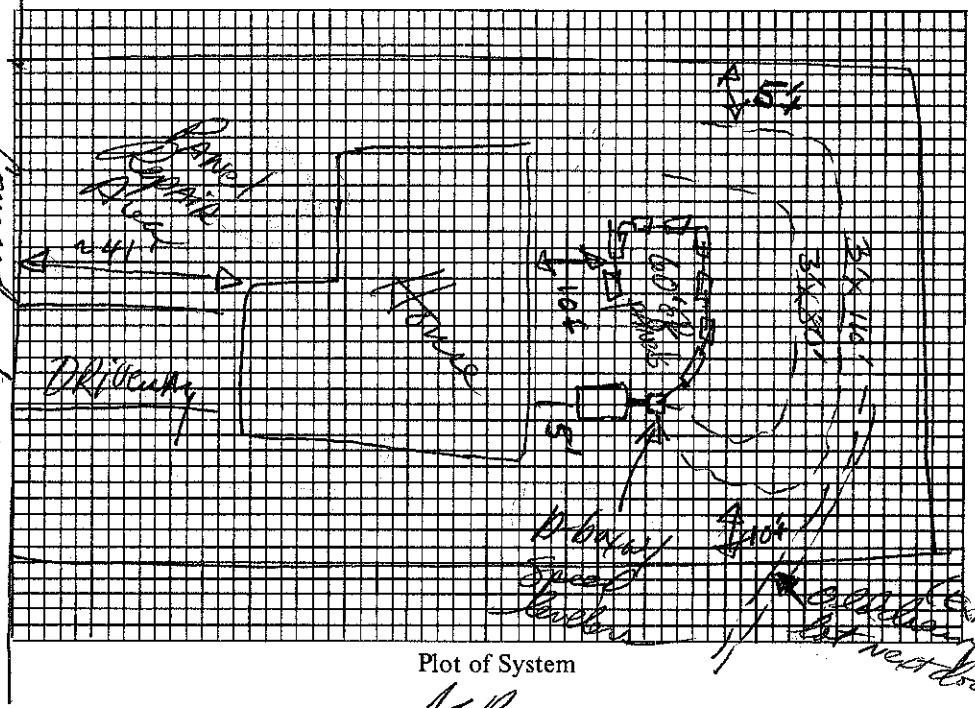
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	No 4	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-4%	
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	6'+	
			Rock or other impervious formations	none obs.	

Lot Area 70'X143'

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. ~900 Linear Ft. ~300
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public (✓ CW

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: Space problems encountered due to existing drainfield found and house being set further back than specified. Last ditch connected to panel ditch. Lines deep because of upgrade but soil looked OK.

CERTIFICATE OF COMPLETION BY W. K. Hanson, RS. 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