8:10!

23:30

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 Norman Kinzie DATE 4/22/88 PERMIT NO. ____

PHONE: Business ____ Home 664-6370

LOCATION 1100 TL Stutts TL 2nd Commodore Wind around curve. Lot on left. S. R. No. ____

SUBDIVISION NAME Commodore Sub. LOT NO. 166 SECTION OR BLOCK NO. ____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 70 X 143

Character & Porosity of Soil Clayey

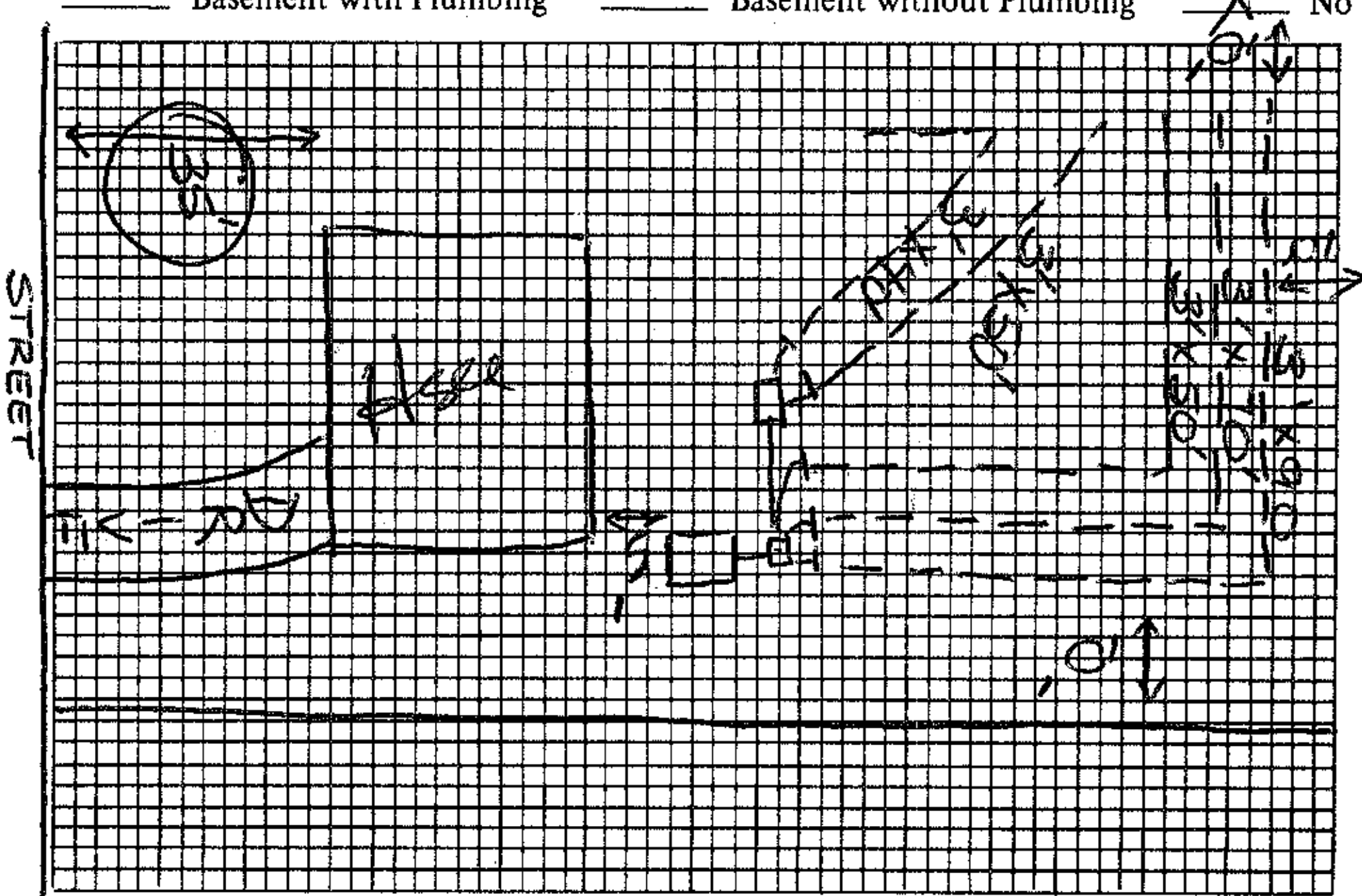
Percolation Rate ~.4gpd/ft²

Topography 29%

Depth to Water Table 4'+

Rock or other impervious formations none observed

____ Basement with Plumbing ____ Basement without Plumbing X No Basement



Plot of System N.T.S.

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines ____

Water Supply: Individual ( )

Public (X)

Installed by ____

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

Signed: N. J. Kinzie

IMPROVEMENTS PERMIT BY Audie C. Pierce

COMMENTS: Tight Squeeze Keep lines SHALLOW / ON CONTOUR. Hse to be kept at 35' min. distance off line in front.

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