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 Tom Fransden DATE 1-20-81 PERMIT NO. 15

PHONE: Business _____ Home _____

LOCATION 1100 TR 1112 TR 1212 TR Surfside Drive on left

S. R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 70 SECTION OR BLOCK NO. _____

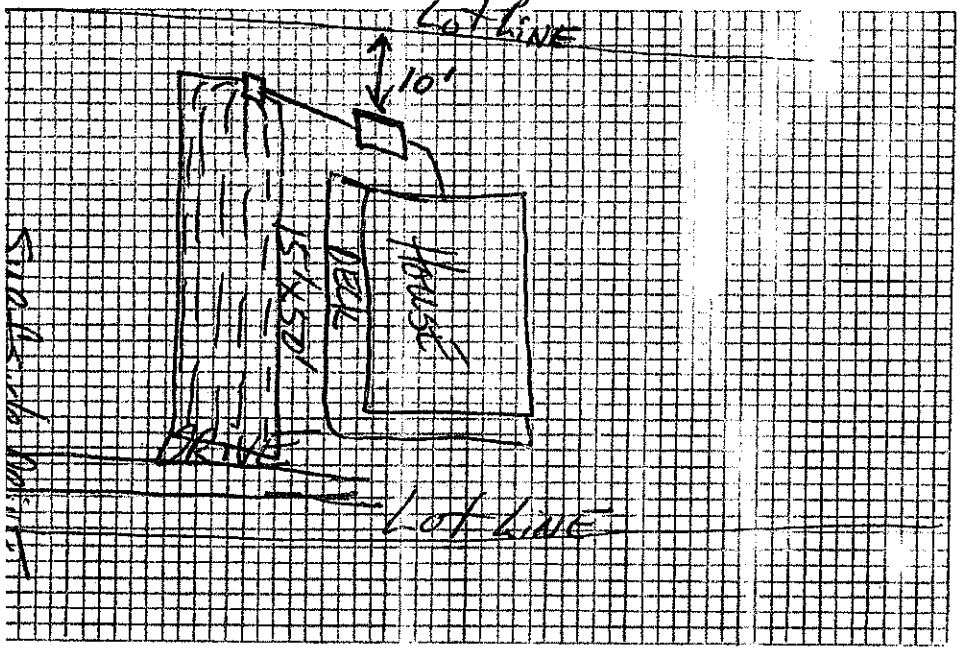
House (X) Mobile Home ( ) Business ( ) Other _____

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 155'

Character & Porosity of Soil Clay loam
Percolation Rate 30 Min
Topography Flat
Depth to Water Table Unknown
Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public X
COMMODORE PENINSULA

Installed by T. J. Cruin

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

Signed _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 1-20-81

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.