4635-790419

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 Lanny Trexler DATE 7/9/91 PERMIT NO. 26-E-64

PHONE: Business _____ Home _____

LOCATION 1100, TL 1112 (Stutts Rd.) TL 2ND Commodore Dr. on right past Sunfish Dr. S. R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 64 SECTION OR BLOCK NO. _____

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

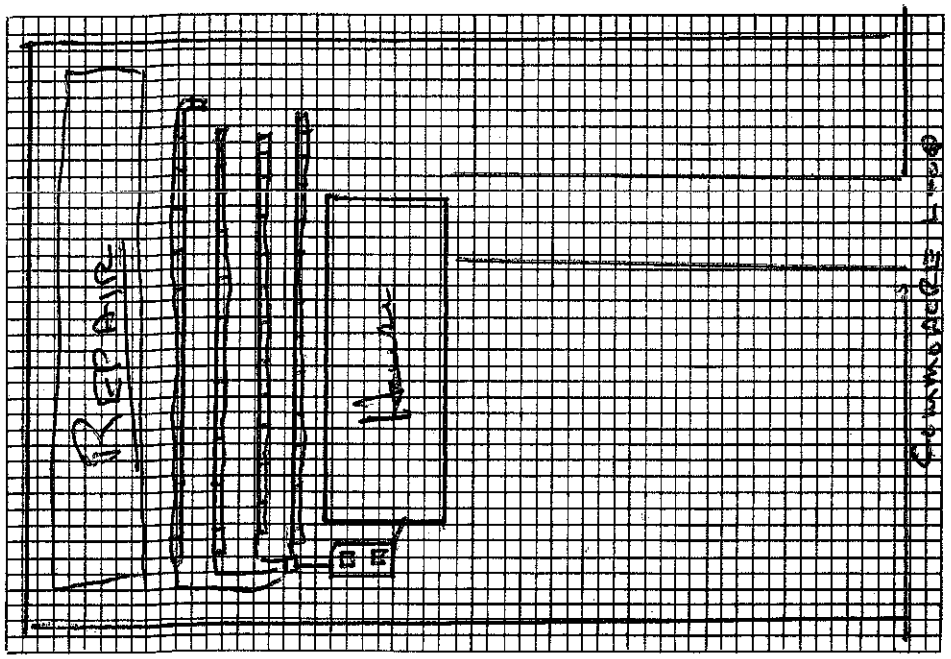
No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil P - clay - scl
Percolation Rate .3
Topography 2-3%
Depth to Water Table > 48"
Rock or other impervious formations No

Lot Area 70'x143'

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4@50'
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (✓ COMMODORE)
16" T+J Panel
Gravity Distribution
Installed by Don Lackey

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

Signed: _____

ENTERED

IMPROVEMENTS PERMIT BY _____

COMMENTS: Maximum trench depth 34"

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 7/9/91

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