4635-79-1699

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 C. W. Brewer DATE 12-17-86 PERMIT NO. 640

PHONE: Business _____ Home _____

LOCATION 1100 TR 1112 (Statts Rd.) TR 1290 (Commodore Loop - 2nd entrance) round curve on left S. R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 170 SECTION OR BLOCK NO. _____

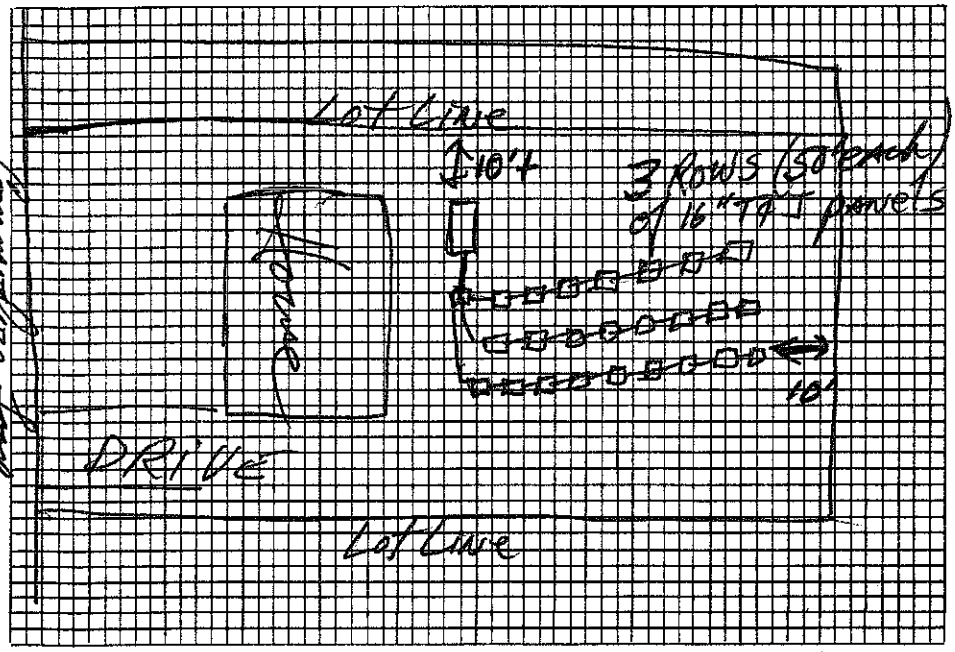
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 150'
Depth of Stone in Lines TT-1 panels

Water Supply: Individual ( )
Public (✓)
Community well

Installed by Dobson

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

Signed: _____ ENTERED

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY DR Hinson, RS DATE 12-17-86

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