4635-79-1835

III Gravity

IREDELL COUNTY HEALTH DEPARTMENT

14477 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Erik Thomas DATE Sept. 10, 192 PERMIT NO. 2K-6-A-19

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 TL 2nd Commodore Coop (1212) TL Mainview on Right S.R. No. _____

SUBDIVISION NAME Commodore Pen. LOT NO. 190 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 70' X 143' Existing prior to '77

Soil Characteristics PS Clay

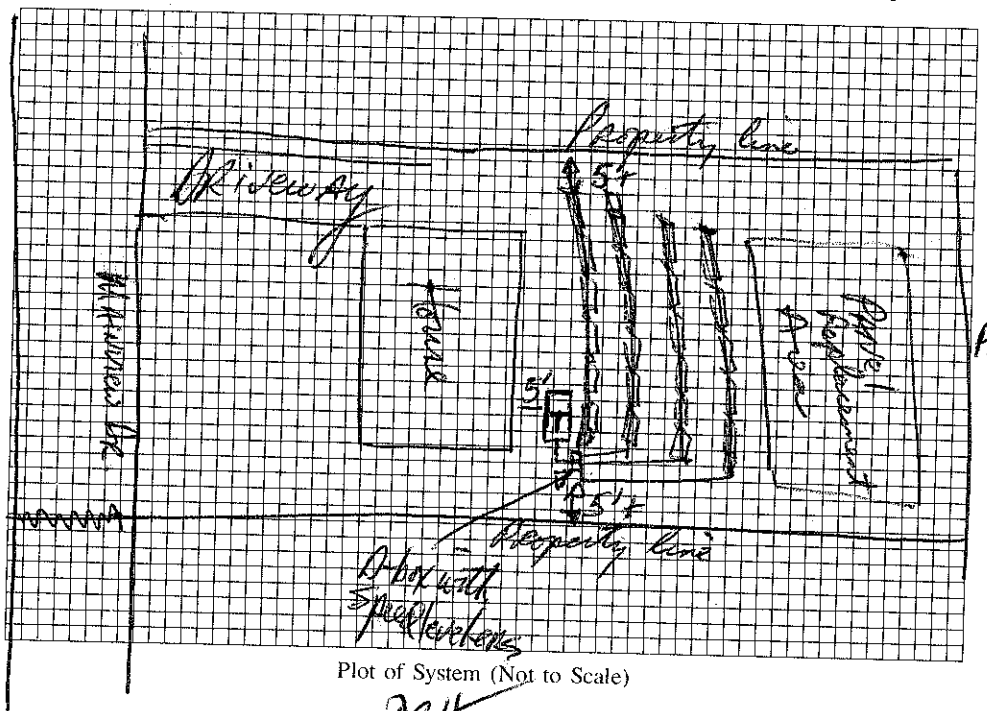
Application Rate .3 gal/sq ft/day

Topography 2-4%

Depth to Water Table 74'

Rock or other impervious formations None obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 200' of

Depth of Stone in Lines 16" ABS

Water Supply: Individual ☐

Public ☑ CW

Installed by Rowan Septic Tank

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY DRH

COMMENTS _____

CERTIFICATE OF COMPLETION BY DR Hinson, RS DATE Sept 10 192

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold