15702

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Gary & Rhonda Bumgarner DATE Jan 25, '93 PERMIT NO. 266A-74

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 TL 2nd 1212 TR Surfside Ln. ON left NEAR Cul-D-Sac S.R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 74 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 70' X 143' Existing prior to 1977

Soil Characteristics PS clay

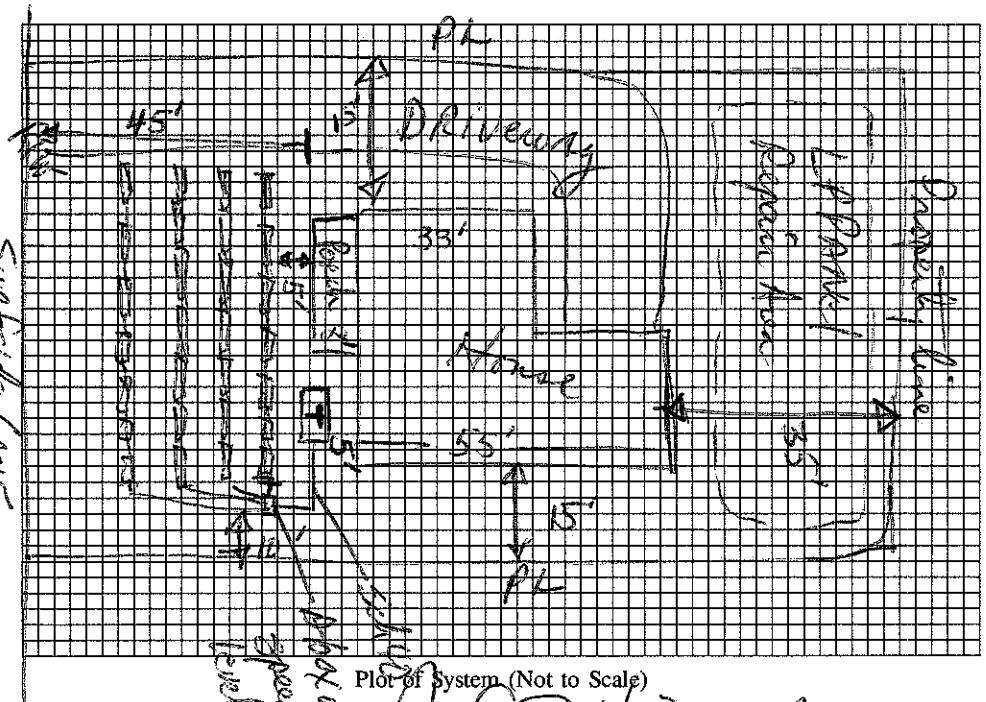
Application Rate 0.3 gal/sq ft/day

Topography 2-4%

Depth to Water Table 74'

Rock or other impervious formations NONE

_____ 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 16" PPBPS

Depth of Stone in Lines _____

Water Supply: Individual ☐ CW Public ☑ gravity flow

Installed by _____

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

Signed: Rhonda Bumgarner

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

IMPROVEMENT PERMIT BY Frank R. Hinson, RS.

COMMENTS Exit plumbing from house near or at existing grade.

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 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