IREDELL COUNTY HEALTH DEPARTMENT

14476

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Spear Const. DATE June 30, '92 PERMIT NO. 266A189

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 TL 2nd 1212 (Commodore Loop) TL Mainview ~ 1/4 mile on right S.R. No. _____

SUBDIVISION NAME Commodore LOT NO. 189 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'

Soil Characteristics psclay

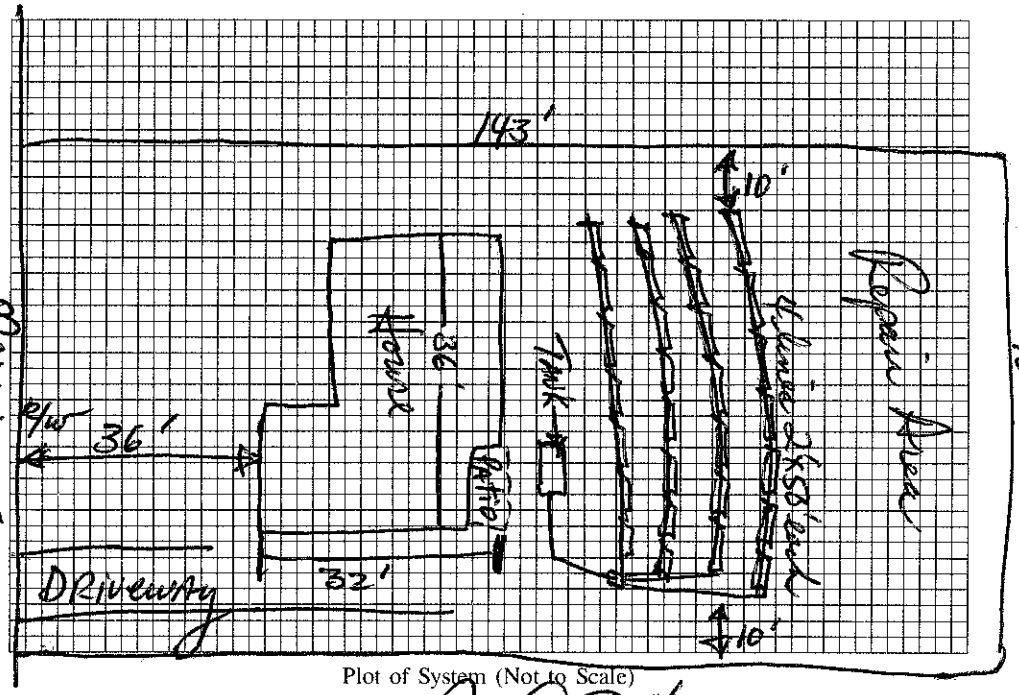
Application Rate .03

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 16" PVC

Depth of Stone in Lines 16" PVC

Water Supply: Individual ☐ Public ☑ CW

Installed by _____

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

Signed: X _____

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

IMPROVEMENT PERMIT BY David L. Hinson, R.S.

COMMENTS Follow contour. 36" max. trench bottom depth.

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