4635794780

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 Const. DATE 4-28-83 PERMIT NO. 112

PHONE: Business _____ Home _____

LOCATION 1400 Th 112 R 2nd R/2 ½ mile on left S. R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 174 SECTION OR BLOCK NO. _____

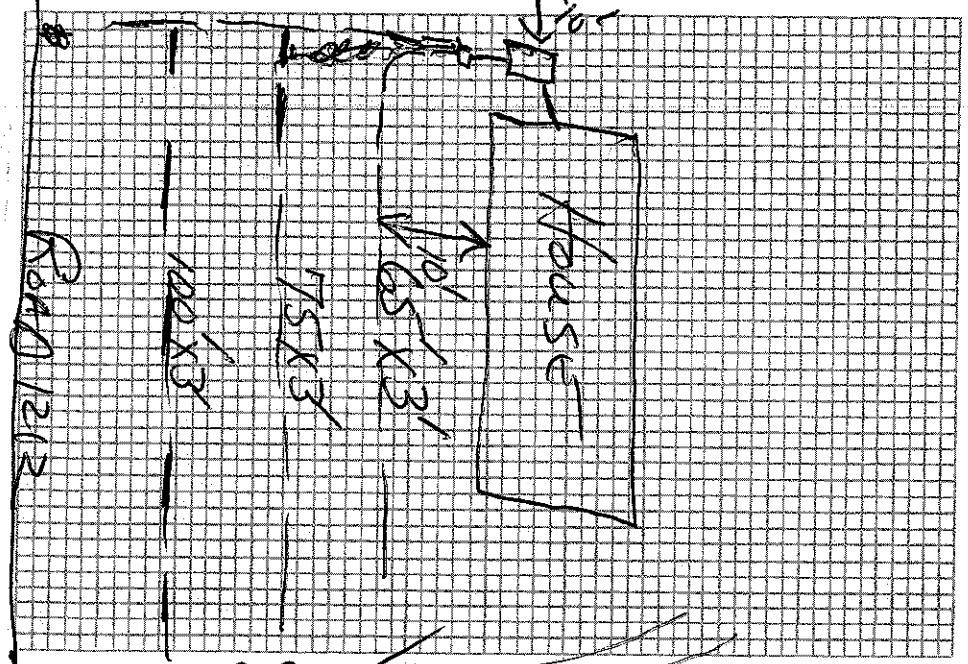
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam to clay	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	5-6 Min/ft/clay	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2-6%	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4+	
			Rock or other impervious formations	None observed	

Lot Area 10,700 Ft² Lot Recorded before 73

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240'
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by Bill Woolridge

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 4-28-83

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