4635-79-4825

IREDELL COUNTY HEALTH DEPARTMENT

13437 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Cynthia Freeman DATE 12/17/91 PERMIT NO. 26-6-A-186

PHONE: Business _____ Home 663-0201

LOCATION Mainview Dr. 1100 TL on Stutts, TL 2nd Commodore, TL on Mainview to end to last lot on (R)

SUBDIVISION NAME Commodore Peninsula LOT NO. 186 SECTION OR BLOCK NO. A S. R. No. _____

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

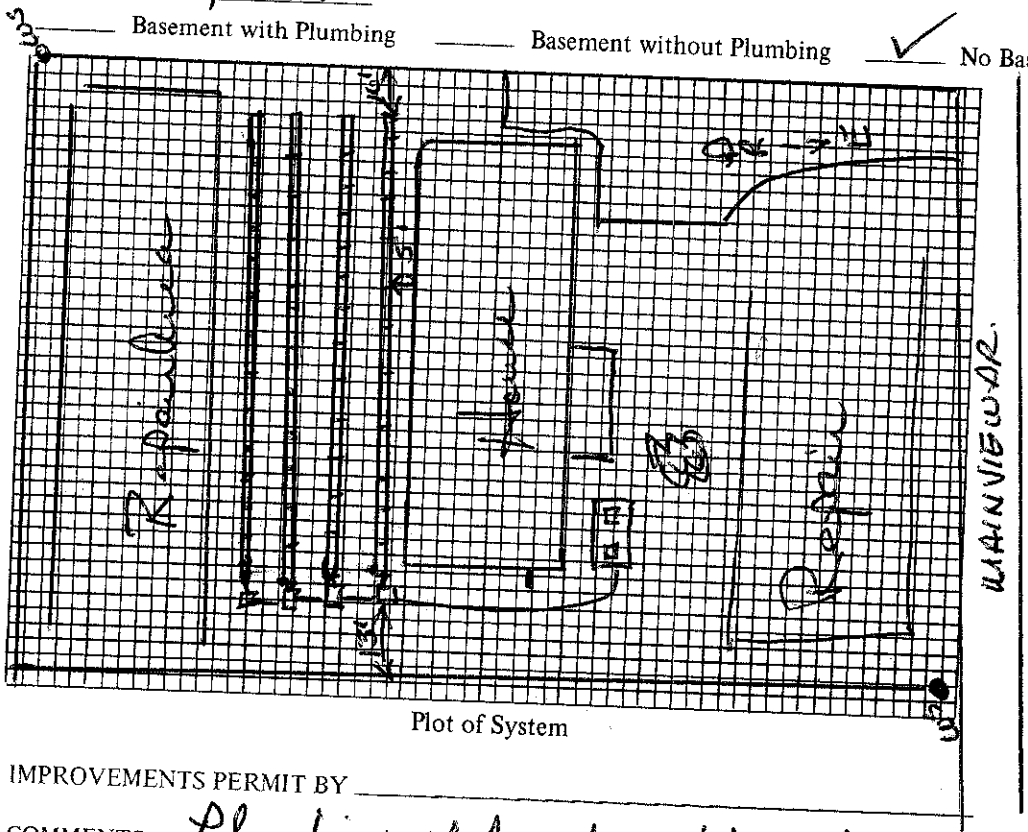
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area 20,000 FT²

Character & Porosity of Soil P - c (55)
Percolation Rate .3
Topography 2%
Depth to Water Table >48"
Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4 @ 50' x 24"
Sq. Ft. _____ Linear Ft. 200
Depth of Stone in Lines 6" SAND
Water Supply: Individual ( )
Public (✓)

Installed by Rowan Septic Tank

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Plumbing stub out must be changed to front of house. Trenches shallow and 8' centers in order to leave repair space

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 12/17/91

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