13437

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 Cynthia Freeman DATE 10/08/91 Revs. PERMIT NO. 2G-6-A-186

PHONE: Business ______ Home 663-0201

LOCATION Mainview Dr; Brawley Sch. TL on Stutts, TL 2ND Commodore TL on Mainview to lot on (R) at end of road

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 clay - P

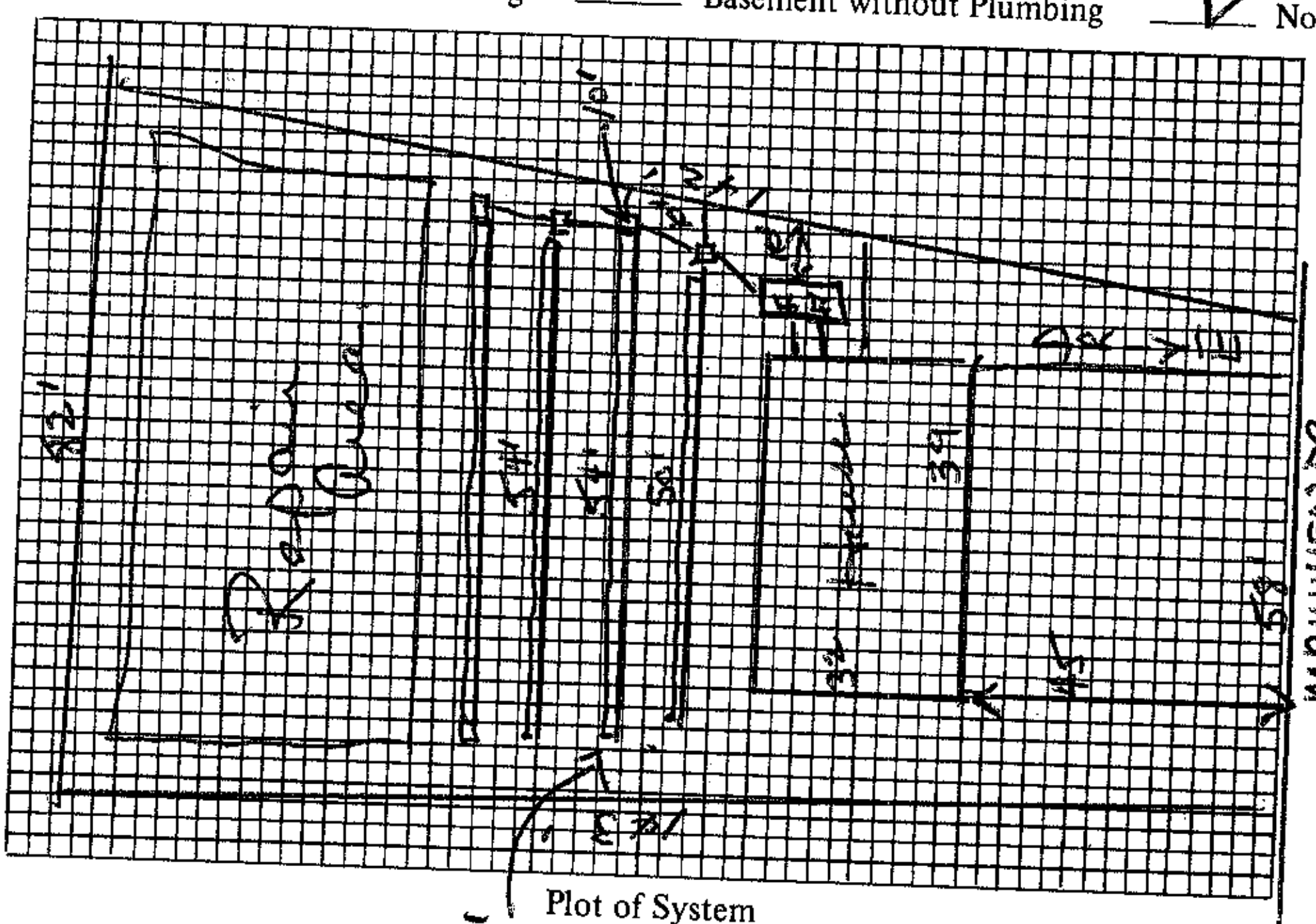
Percolation Rate .3

Topography 2%

Depth to Water Table >48"

Rock or other impervious formations None found

___ 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 ______

Water Supply: Individual ( )

Public (✓) Commodore System

Installed by ______

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

Signed: [signature]

IMPROVEMENTS PERMIT BY Wesley Sparks RS.

COMMENTS: Trenches no deeper than 30" to trench bottom. Drop boxes to be used. 10' from all property lines.

CERTIFICATE OF COMPLETION BY ______

EXISTING SYSTEM CHECKED BY: ______ DATE ______

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