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4635-79-5409

15055

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Spencer Const. Co. DATE 1/14/93 PERMIT NO. 26-6-A-57

PHONE: Business 636-7954 Home

LOCATION Commodore Peninsula - Statts (L) off Brawley School (R) at water tank, past lakeview on (L) S.R. No.

SUBDIVISION NAME Commodore Peninsula LOT NO. 59 SECTION OR BLOCK NO.

House ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 20,000 sq ft

Soil Characteristics P - s1 / c1

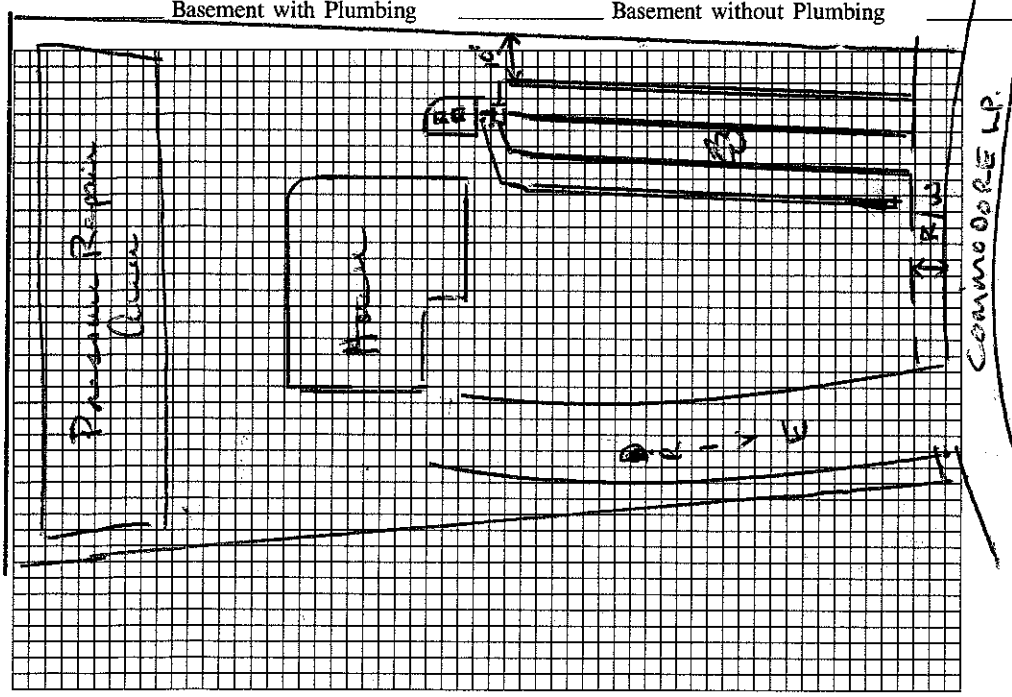
Application Rate P - .35 - .4 (56K, 55, 5F)

Topography P - 2% - 4%

Depth to Water Table 5 > 48"

Rock or other impervious formations 5 - None found

Basement with Plumbing ____ Basement without Plumbing ____ No Basement ____ Crawl Space L



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 50' x 2.1

Sq. Ft. ____ Linear Ft. 200 ✕

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☐ Public ☑

✕ PREFAB. PERMEABLE PANELS 16"

Installed by ROWAN SEPTIC TANK

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

Signed: ____

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

IMPROVEMENT PERMIT BY ____

COMMENTS ____

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 1/14/93

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