IREDELL COUNTY HEALTH DEPARTMENT

15055

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Spear Const. Co. DATE 11/12/92 PERMIT NO. 26-6-A-57

PHONE: Business _____ Home 636-7954

LOCATION Commodore Peninsula - Stutts TL at water tank follow road around to where it starts back toward to Stutts, lot on L just off lake S.R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 57 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 ≈ 40,000 FT²

Soil Characteristics P - s1 / c

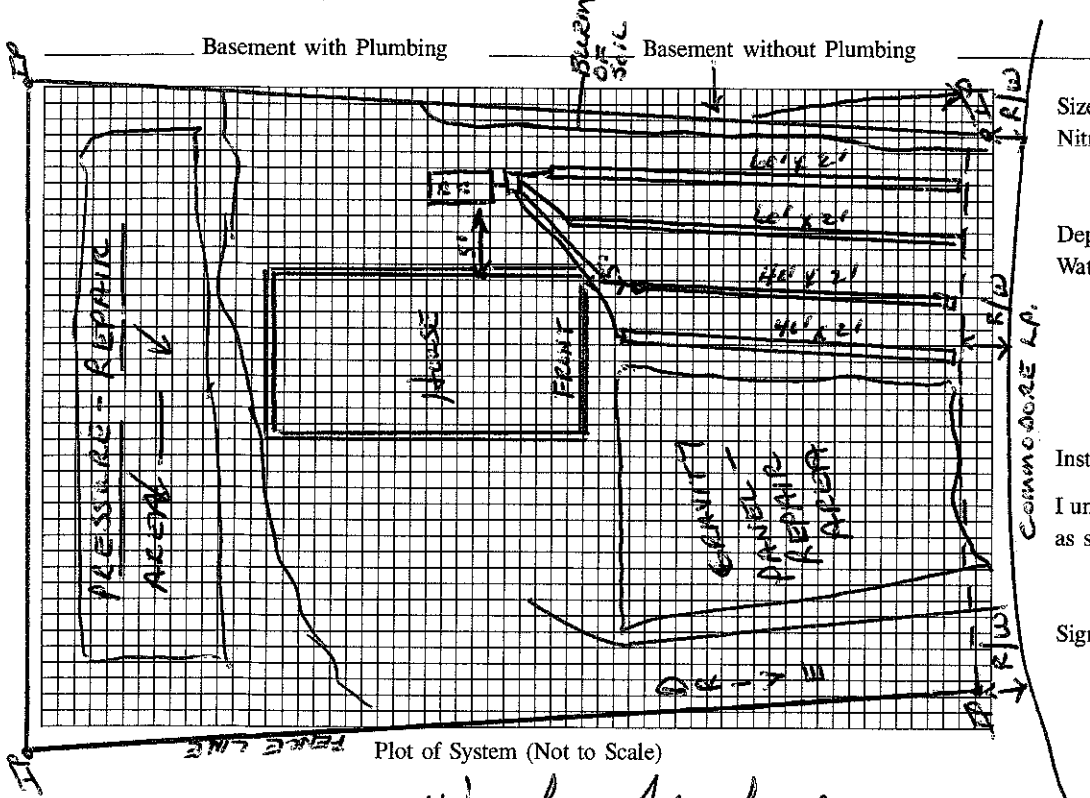
Application Rate P - .4 (sbk - wk gran - ss)

Topography P - 2%

Depth to Water Table S - 48"

Rock or other impervious formations S - None found

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field: 2@60'x3' 4@ 2@40'x3'

No. of Lines 4@ 2@ 40'x3'

Sq. Ft. 900 Linear Ft. 200'

Depth of Stone in Lines 12"

Water Supply: Individual ☐ comm system

Public ☑

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 Wesley Sparks RS.

COMMENTS Keep trenches shallow - and on slope contour in direction shown. Berm to be built along upper P/L to divert water off drainfield area.

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