4635795751

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, Jr. DATE 5-6-85 PERMIT NO. 191

PHONE: Business _____ Home _____

LOCATION 1100 ft 112 ft 2nd Rd ~ 1/3 mile on Left S. R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 175 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

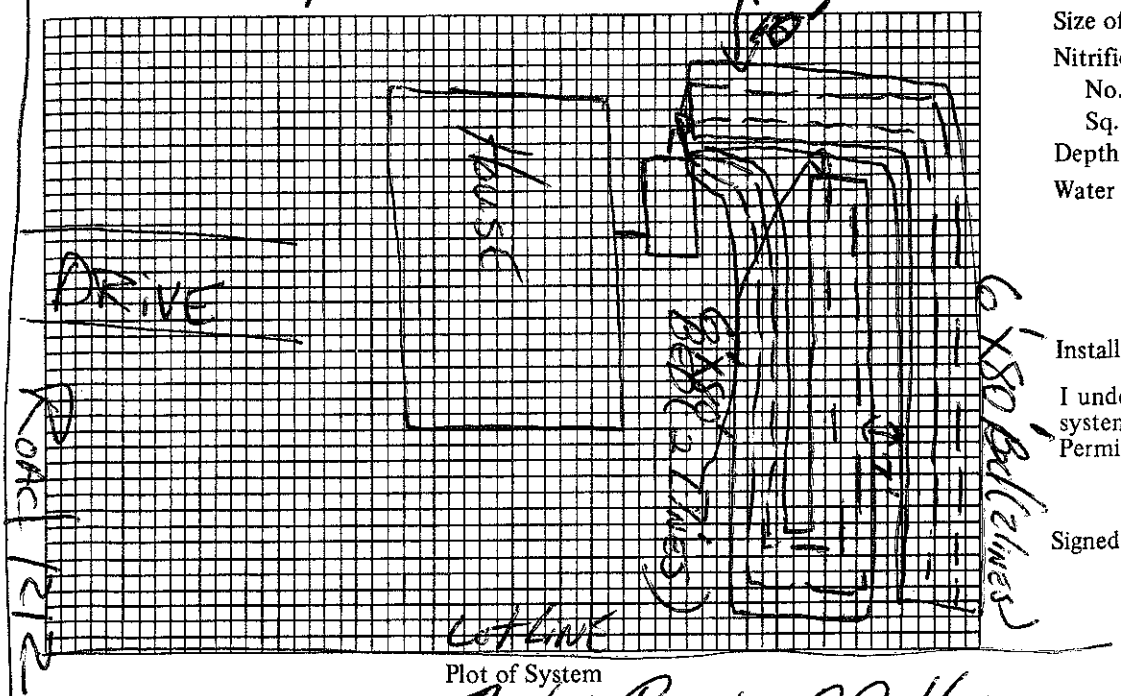
Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )

Character & Porosity of Soil Clay loam
Percolation Rate 05 gal/ft²
Topography ~ 40% slope
Depth to Water Table 24+
Rock or other impervious formations None obs.

Lot Recorded prior to 1973

Lot Area Existing Lot line

Basement with Plumbing ____ Basement without Plumbing ____ No Basement X



Plot of System

Size of Tank 1000 Gals.
Nitrification Field: 2x2
No. of Lines _____
Sq. Ft. 960 Linear Ft. 320
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (X)

Installed by Wayne Collison

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

Signed: _____

IMPROVEMENTS PERMIT BY E. K. Bi + OR Henson

COMMENTS: Relayout of 6-24-83 Daniel Henson lagoons installed MAXIMUM AMOUNT of nitrification lines possible on area available to work with

CERTIFICATE OF COMPLETION BY Paul Clemmer DATE 5-6-85

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