IREDELL COUNTY HEALTH DEPARTMENT 4635 79 6715

(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, Const. DATE 8-16-83 PERMIT NO. 277

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 TL 2nd 1212 ~3/4 mile on left S. R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 176 SECTION OR BLOCK NO. _____

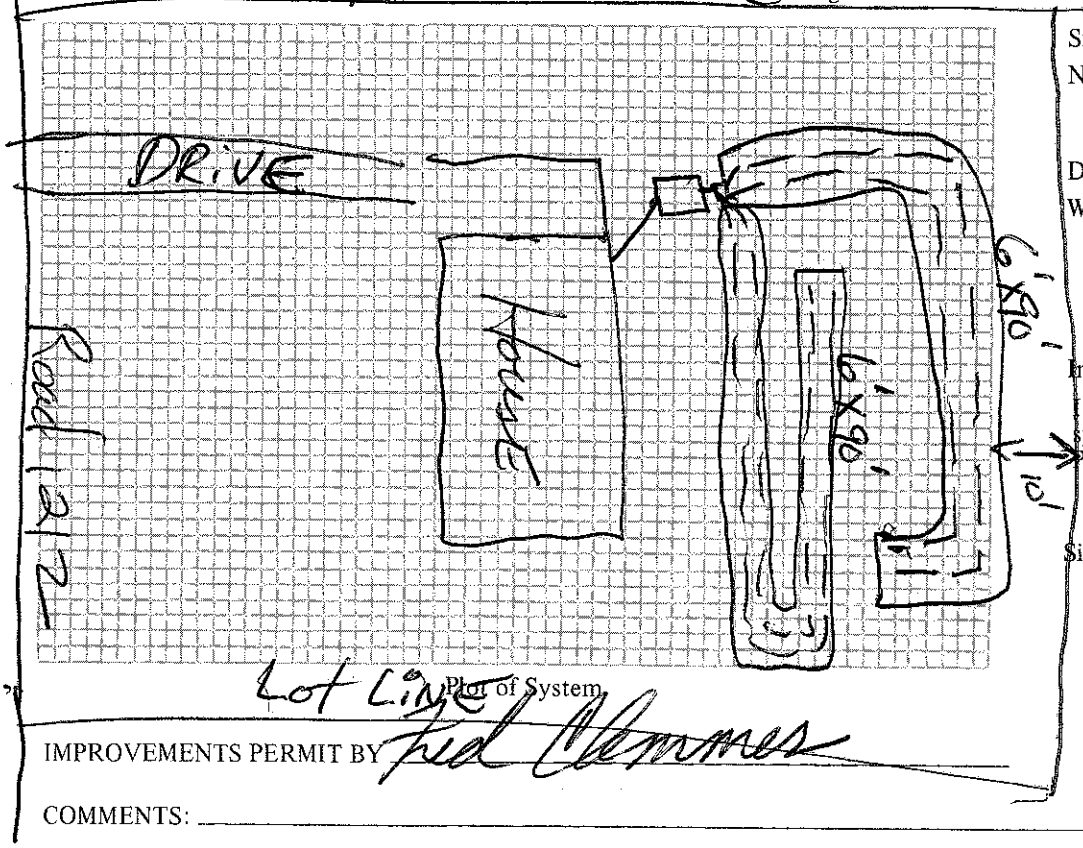
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam/clay
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	~3 gal/ft²/day
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2-6%
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	NONE observed

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2x2
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (X)

Installed by Bill Woolridge

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 8-16-83

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