4635-79-6923

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 Daniel & Janet Read DATE 4/21/89 PERMIT NO. _____

PHONE: Business 663-0941 Home 664-1263

LOCATION 1100 TL Stutts S. R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 183-184 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 2 No. Bathrooms 1½

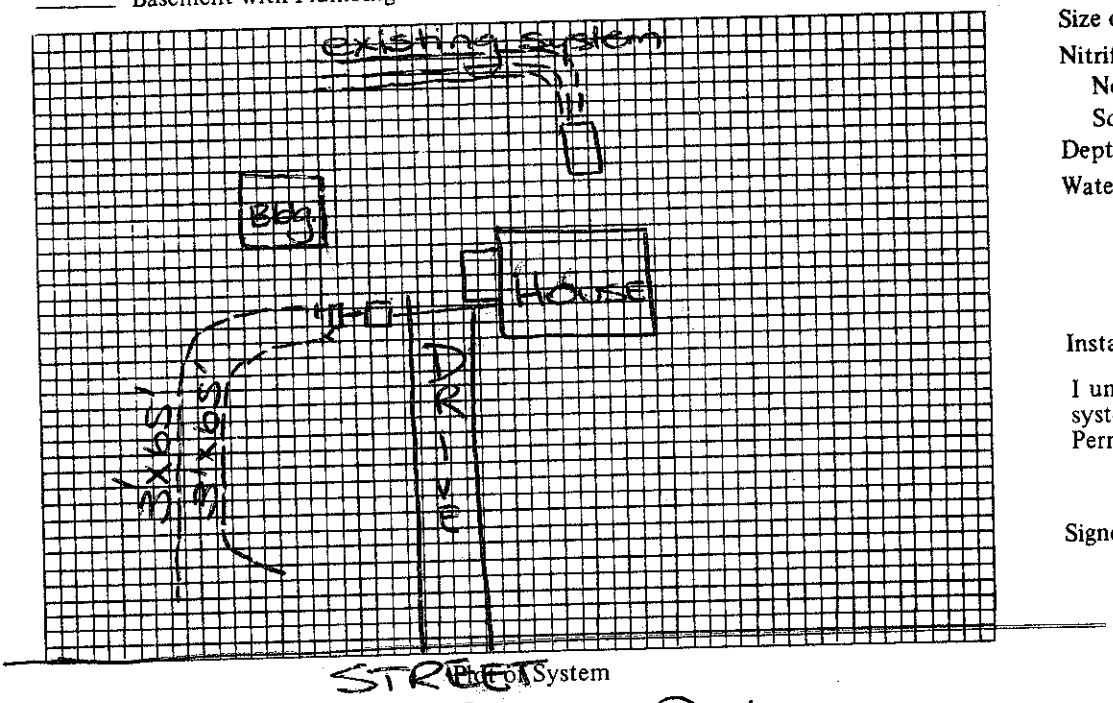
Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil existing Clay
Percolation Rate .4 gpd/ft²
Topography 2%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

WASHER SYSTEM:
Size of Tank 75gal Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 390 Linear Ft. 130
Depth of Stone in Lines 12"
Water Supply: Individual (✓) Well
Public ( ) Community Water



Installed by Roto Rooter (Cabarrus Co.)

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrew C. Pierce

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Pierce DATE 4/21/89

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