165/60/S

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 Janet Read & Daniel DATE 3/20/89 PERMIT NO. _____

PHONE: Business 663-0941 Home 664-1263

LOCATION 1100 TL Stutts TL 2nd Commodore TL Mainview On R near end S. R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 183-84 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1 1/2

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

Character & Porosity of Soil existing system

Percolation Rate _____

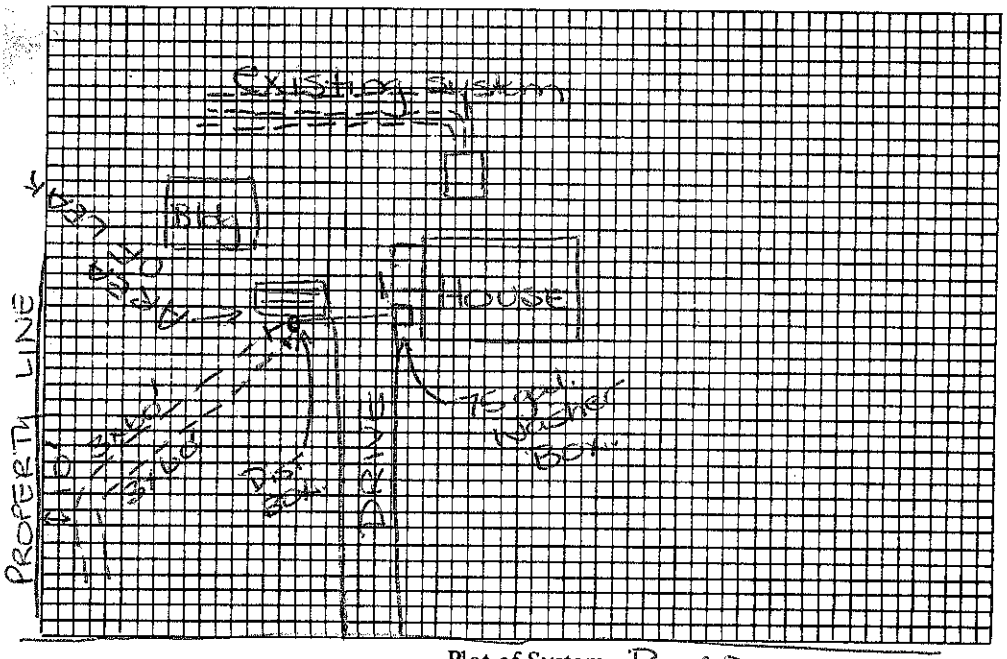
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement Washer system's



Plot of System

Size of Tank 75 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 300-360 Linear Ft. 100-120

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓) Community

Installed by _____

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

Signed: Janet M Read

IMPROVEMENTS PERMIT BY Andrew C. Reece

COMMENTS: Orig. owner - Chas./Ann Snow ~'75 Install a washer box, if one doesn't already exist. Run 2 shallow (30") trenches as shown. Consistent cover required.

CERTIFICATE OF COMPLETION BY Work was done in '85. 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 false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold