07866

IREDELL COUNTY HEALTH DEPARTMENT 4636-41-9493

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Jacy L. Davis DATE June 28, '90 PERMIT NO. 26-7-A-285

PHONE: Business _____ Home _____

LOCATION 1100 TR 1112 (Statts Rd.) TR 1293 (Bluewing) TR (at Gate) onto Gondola 2nd lot on right S. R. No. _____

SUBDIVISION NAME Lakeside Park LOT NO. 285 SECTION OR BLOCK NO. 2
COMMODORE PENNISULA

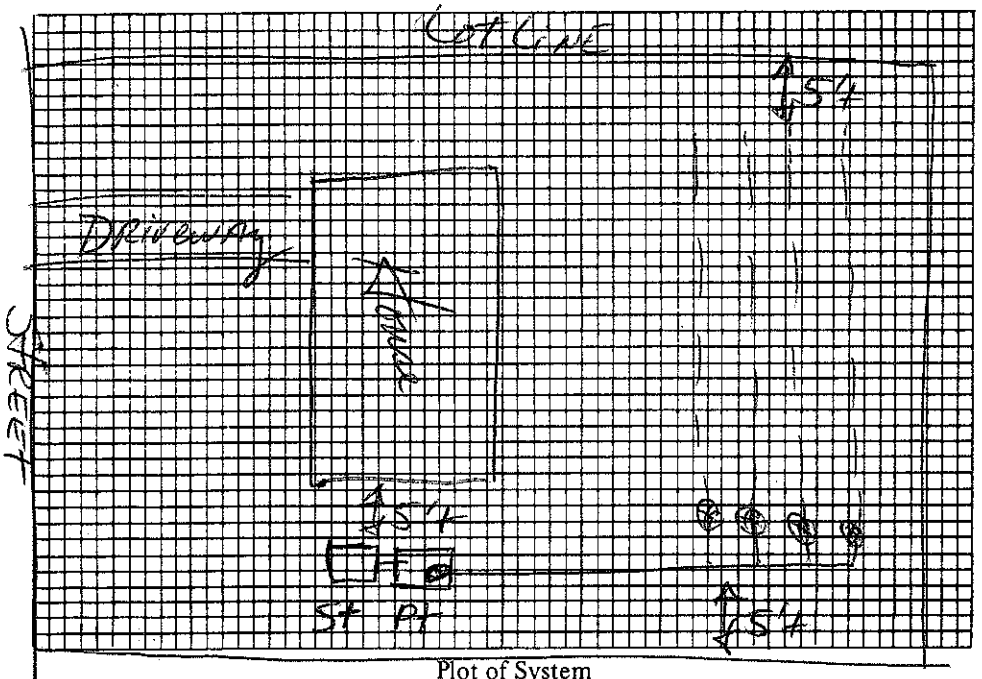
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	ps clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	104	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-4%	
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	4'+	
			Rock or other impervious formations	none obs.	

Lot Area 60'(road), 99'(Back), 143'(LS), 147(RS)

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

1000 p.t.
Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓) CW

Installed by ?

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: All of sewage installation checked by Andre Pierce except for high water alarm which was checked by DR Harrison.

Operation permit

CERTIFICATE OF COMPLETION BY Andre Pierce / David R Harrison, EHS DATE 6-28-90

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