4636-50-2683

IREDELL COUNTY HEALTH DEPARTMENT

10349

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Douglas Schenck DATE Dec 27 89 PERMIT NO 26-7-A-249

PHONE: Business _____ Home _____

LOCATION 1100 TC 1112 (Statta) TR Marina 3rd house on left S. R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 249 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

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

Lot Area 20000 ft² +

Character & Porosity of Soil clay

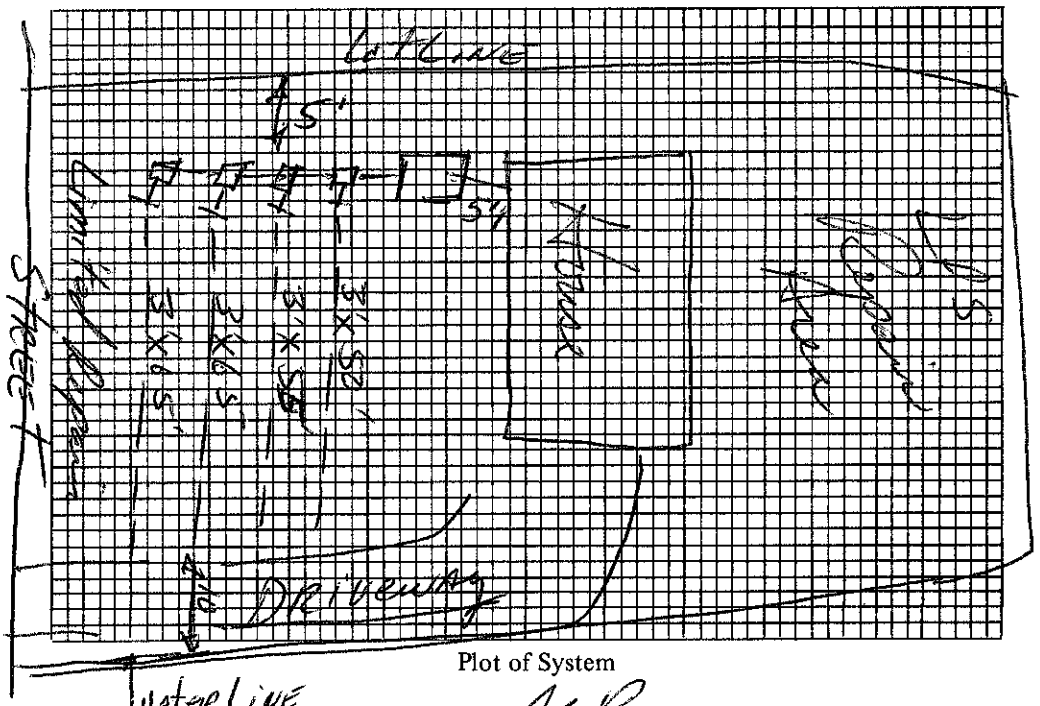
Percolation Rate 3-4 8

Topography 6-8%

Depth to Water Table 44

Rock or other impervious formations none etc

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 705 Linear Ft. 235
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓) CW

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] RS DATE 12-27-89

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