10349

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 Douglas Schenck DATE 8/21/89 PERMIT NO. 29-7-A-249
536-5770 - dy/night.

PHONE: Business _____ Home _____

LOCATION 1100 TL Stutts TR Marina 3rd lot on left.

S. R. No. _____

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

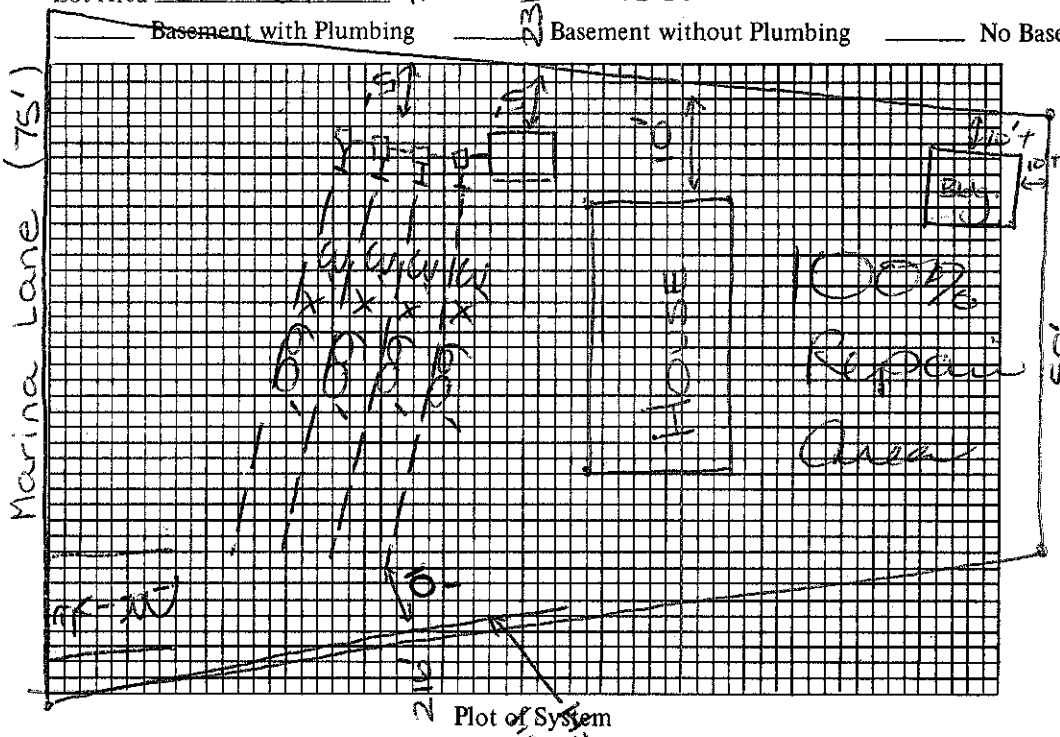
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	3 spt/1 ft²	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6% - 10%	
Site ~~Suitable~~ P.S.	Yes (✓)	No ( )	Depth to Water Table	4'+	
			Rock or other impervious formations	none obs	

Lot Area 20000ft² — from P. D. # 10349.

_____ ~~Basement with Plumbing~~ _____ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.

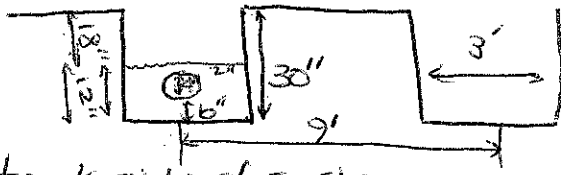
Nitrification Field:
No. of Lines 4
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual ~~(✓)~~
Public (✓)
Community

Installed by _____

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

~~Signed~~: Douglas Schenck



IMPROVEMENTS PERMIT BY Andie C. Pierce, R.S.

COMMENTS: Install system 5' from sideline on tank side of system. Ditches should be shallow with 30" max. to ditch bottom. Plumb with Sch. 40 PVC pipe (4").

CERTIFICATE OF COMPLETION BY _____ 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