08535

4636-50-7754

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 Ray Hunt DATE Feb. 3, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 ft 1112 on Right at corner of Statts Rd and Marina Lane S. R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 310 SECTION OR BLOCK NO. _____

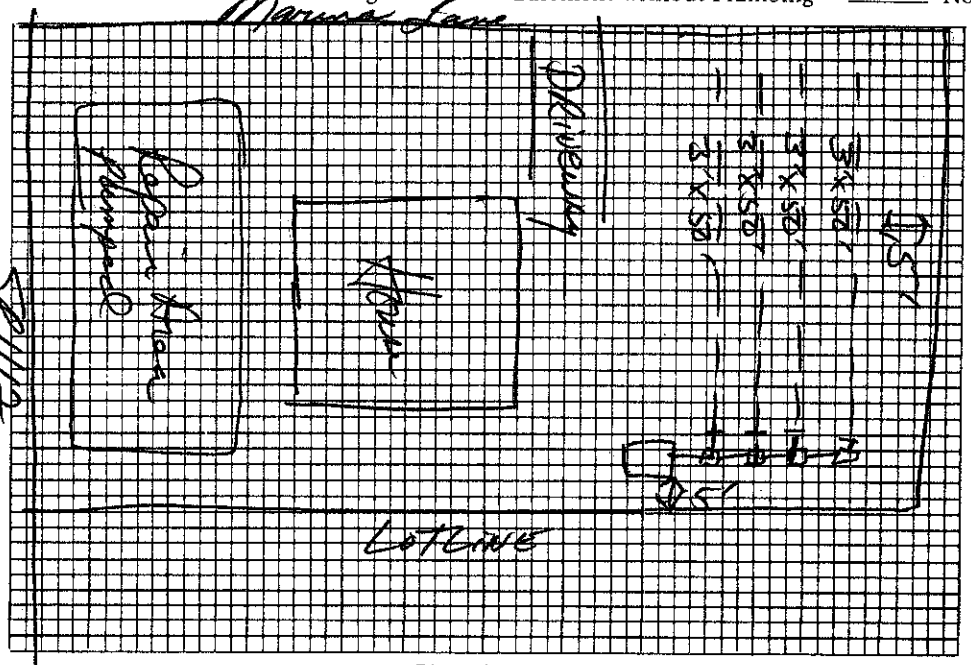
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	1.4	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2%	
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	24	
			Rock or other impervious formations	none obs.	

Lot Area 70x143'

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓) CW

Installed by JC's Backhoe Service

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 2-3-89

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