4636509167

# 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 James E. Fletcher DATE 2-26-82 PERMIT NO. 31

PHONE: Business _____ Home _____

LOCATION 1100 TL 1412 TL 1212 TR Martin Drive ONR

S. R. No. _____

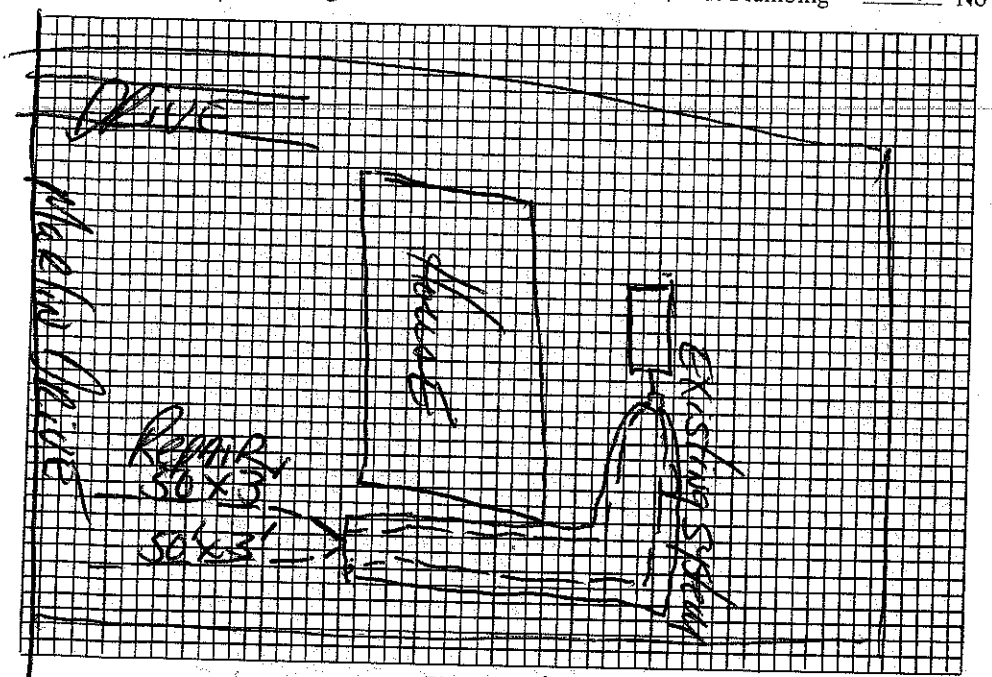
SUBDIVISION NAME Commodore Peninsula LOT NO. 142 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (X) | Character & Porosity of Soil | | |
| Auto. Dishwasher | Yes (X) | No ( ) | Percolation Rate | Existing | |
| Auto. Wash. Machine | Yes (X) | No ( ) | Topography | | |
| Site Suitable | Yes (X) | No ( ) | Depth to Water Table | System | |
| Lot Area Existing | | | Rock or other impervious formations | | |

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement




Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 300 Linear Ft. 100'

Depth of Stone in Lines 10"

Water Supply: Individual ( )

Public (X) Commodore H2O

Installed by T. J. Erwin Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 2-26-82

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