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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 Jimmy Sides DATE 4-24-85 PERMIT NO. 204

PHONE: Business _____ Home _____

LOCATION 1100 TL on 1112 TL 1st 1212 2nd on left

S. R. No. _____

SUBDIVISION NAME Commodore Penniswla LOT NO. 6 SECTION OR BLOCK NO. _____

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

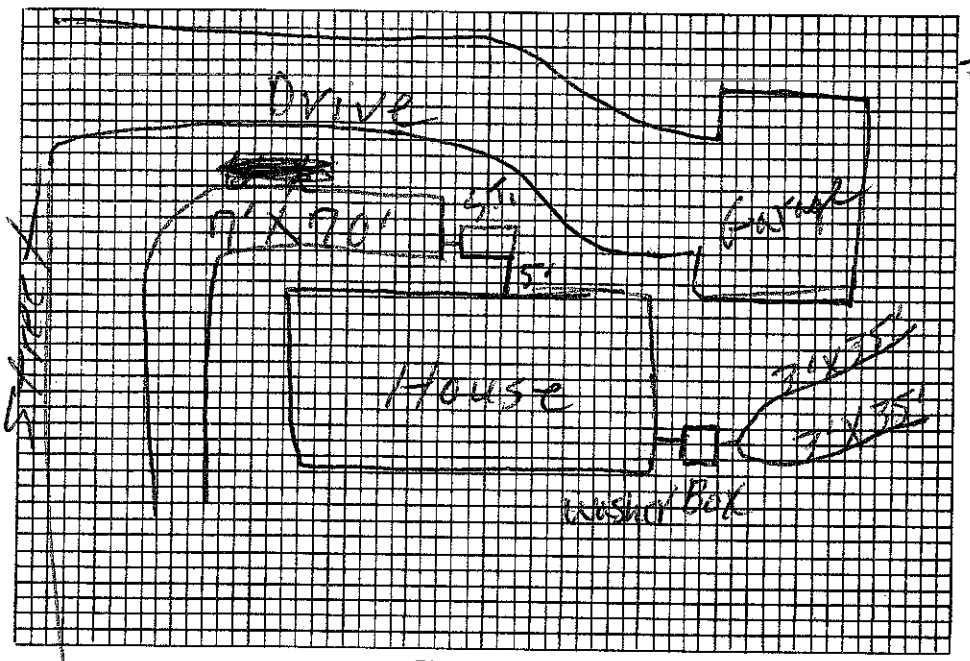
No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil Clay
Percolation Rate 15
Topography 2 to 4%
Depth to Water Table 4'
Rock or other impervious formations None

Lot Area less than 15,000 SF recorded Prior to 1993

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

75 gal washer box

Size of Tank 1000 S. T. Gals.

Total Nitrification Field:
No. of Lines 4
Sq. Ft. 700 Linear Ft. 200
Depth of Stone in Lines 17"

Water Supply: Individual ( )
Public (✓)

Installed by E. J. Ervin

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 L. C. Moore DATE 4-24-85

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

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 Eugene Upton DATE 8-22-85 PERMIT NO. 385

PHONE: Business _____ Home _____

LOCATION 1100 Ft 1112 TR 1st T 1212 TR Martin Drive 2nd house on R S. R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 6 SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other Commodore Loop

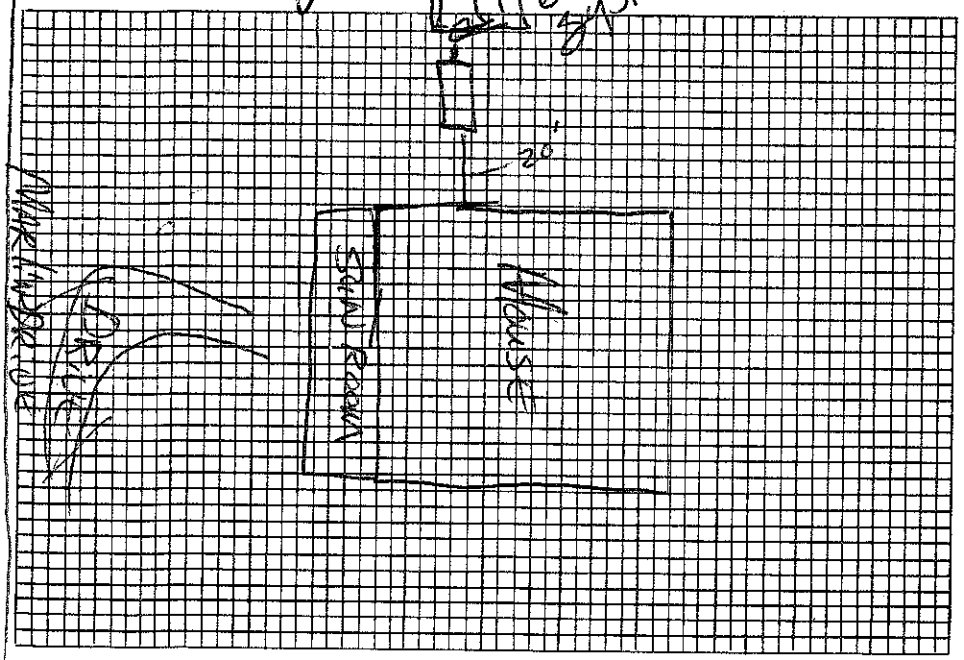
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	
Auto. Dishwasher	Yes (X)	No ( )	
Auto. Wash. Machine	Yes (X)	No ( )	
Site Suitable	Yes (X)	No ( )	

Character & Porosity of Soil Adding Sun deck (Solarium)
Percolation Rate _____
Topography EXISTING
Depth to Water Table System
Rock or other impervious formations _____

Lot Area EXISTING

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines EXISTING
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (X)
Public H2O System

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: EXISTING System working ok At date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 8-22-85

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold