10146

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 Claude W. Brewer, Jr. DATE 7/18/89 ~~PERMIT NO.~~

PHONE: Business _____ Home 663-4669

LOCATION 1100 TL Stutts On L. 3rd lot in development.

S. R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 3 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 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 Clayey

Percolation Rate .35gpd/ft²

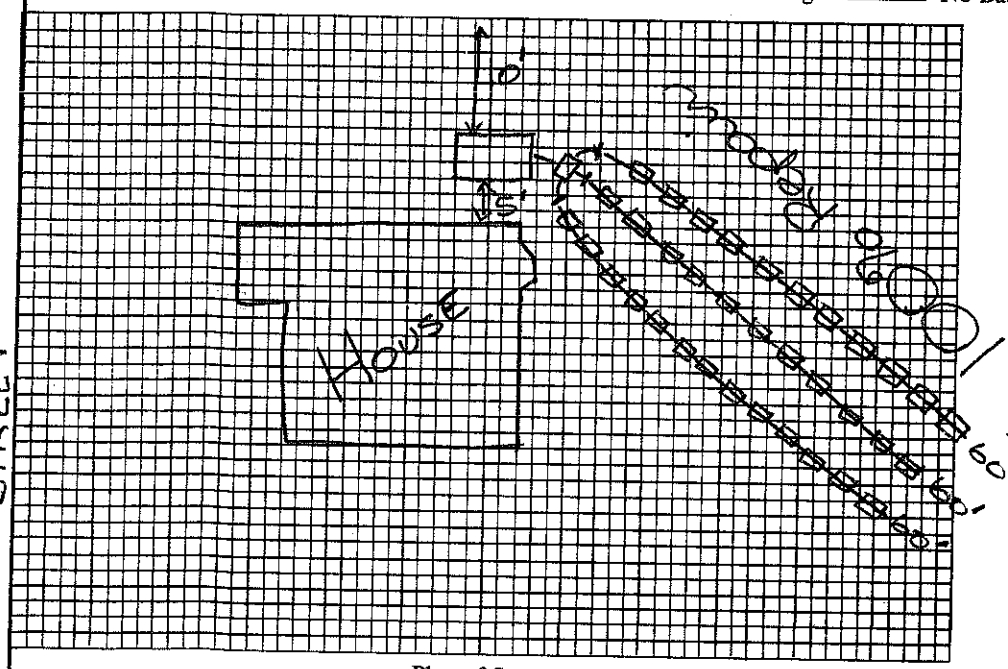
Topography 2-6%

Depth to Water Table 4' +

Rock or other impervious formations none observed

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. 180' of 16"

Depth of Stone in Lines T and J panels.

Water Supply: Individual ( )

Public (✓)

Community well

Installed by _____

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

Signed: X C W Brewer Jr.

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

COMMENTS: Install system @ a shallow depth. (6" max. cover) 100% Repair area must be reserved. DO NOT use lot to bury refuse!

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