REPAIR

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR C.W. Brewer (TESEIN EAR) DATE 7/8/92 PERMIT NO. REPAIR

PHONE: Business _____ Home _____ Rt 9 Box 917-3

LOCATION 435 Stutts Rd. on (L) just before Commodore Lane Stats

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

Lot Area 20,600 FT2

Soil Characteristics P-

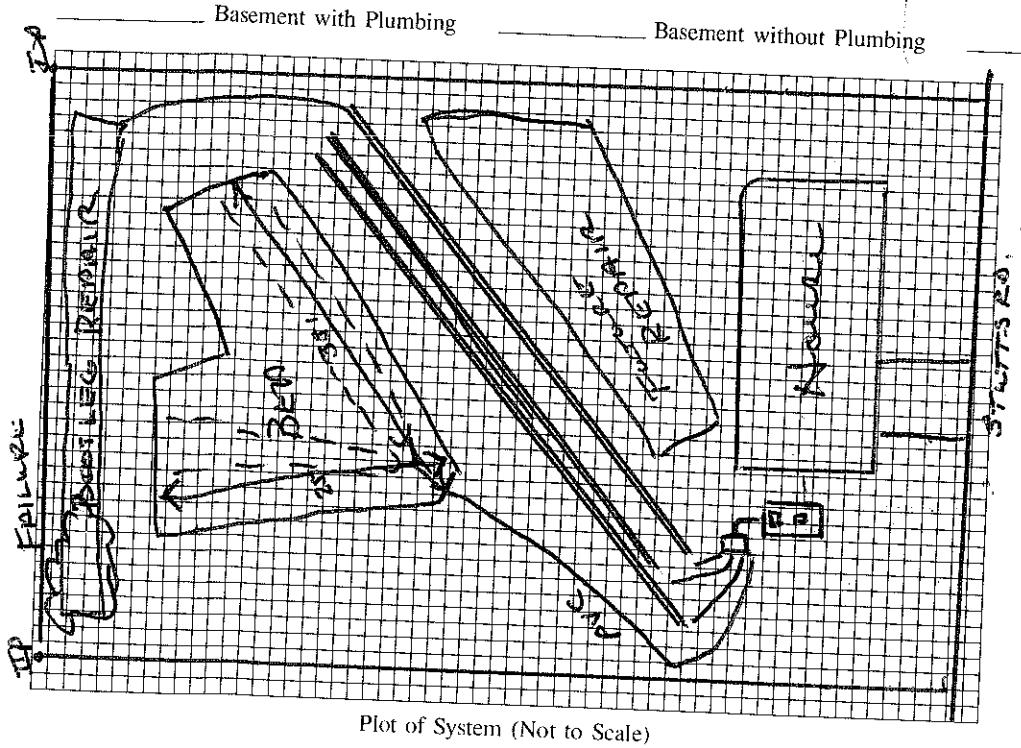
Application Rate P-.3

Topography S

Depth to Water Table S

Rock or other impervious formations S

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank EXISTING 1000 Gals.

Nitrification Field:

No. of Lines 4 LINES

Sq. Ft. 900 Linear Ft. _____

Depth of Stone in Lines 18"

Water Supply: Individual ☐ Public ☑ COMM SYSTEM

Installed by Richard Abernathy

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY AWS

COMMENTS All available space used - Line with boot legged repair elevated 1-1½ above water level in O Box to allow rest of problem line

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S.

EXISTING SYSTEM CHECKED BY _____ DATE 7/8/92

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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