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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 John Wilson DATE April 25, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 (Statts Rd.) TR Brewing TR Driftwood ~200' on left 124 Driftwood Dr. S. R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 298299 combined 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~~ OK	Yes (✓)	No ( )	

Lot Area ~1/2 AC

Character & Porosity of Soil Area of Drainfield clay

Percolation Rate 63

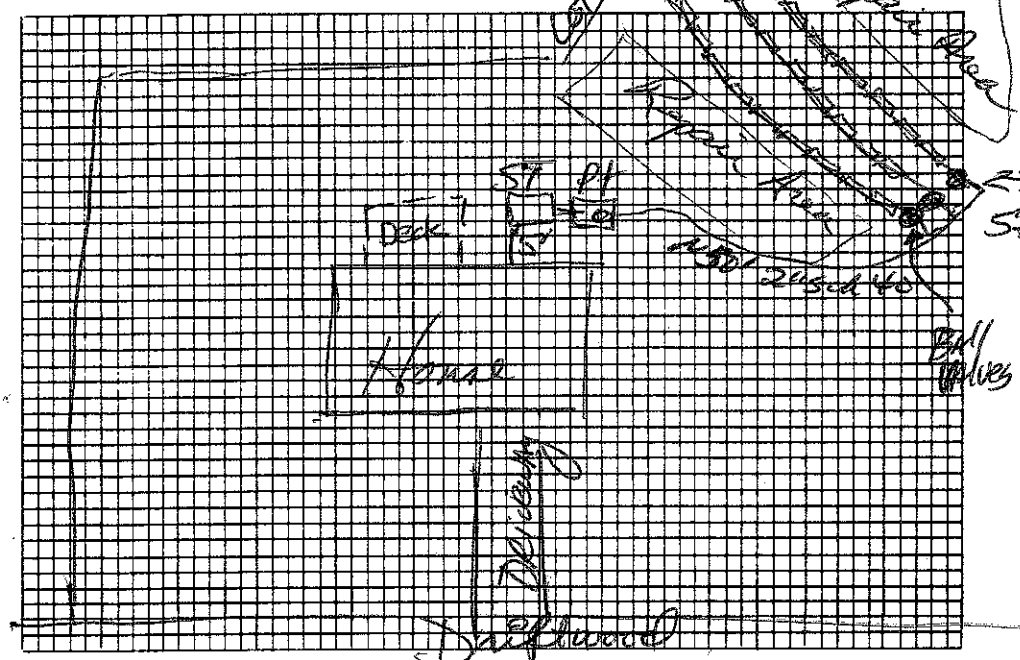
Topography ~5%

Depth to Water Table 44

Rock or other impervious formations none obs.

1000 gal. to

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 200' & 160' tot

Depth of Stone in Lines 16" tot

Water Supply: Individual ( ) panels

CW Public (✓) pressure-dosed

Installed by H. Brown

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY H. Brown, R.S. DATE 4-25-89

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