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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 C. W. Brewer Const. DATE 5-18-83 PERMIT NO. 155

PHONE: Business _____ Home _____

LOCATION 1100 ft 1112 TL 1st 1212 on left on 1st Inspection

S. R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 8 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

~~Auto. Wash. Machine~~ Yes (X) Lot Line No ( )

Site Suitable Yes (X) No ( )

Lot Area 10,050 ft²

Character & Porosity of Soil Clay Loam

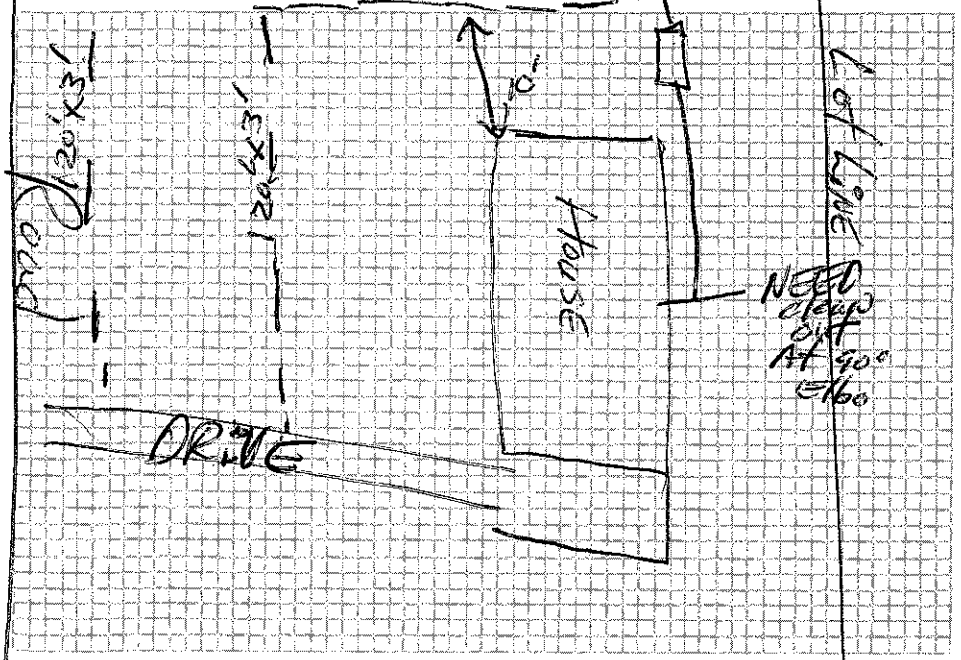
Percolation Rate 0.5 gal/ft²/day

Topography 2-6%

Depth to Water Table 44

Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (X)
Commodore H2O System

Installed by Bill Wooleyte

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Contractor To Remove 90° Elbo and place cleanout in sewer-line from house

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 5-18-83

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