4636-60-1264

IREDELL COUNTY HEALTH DEPARTMENT

13439 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Crown Ventures DATE 11/25/91 PERMIT NO 26-6-A-150

PHONE: Business _____ Home _____

LOCATION _____

S. R. No. SR 1212

SUBDIVISION NAME Commodore Peninsula LOT NO. 150 SECTION OR BLOCK NO. _____

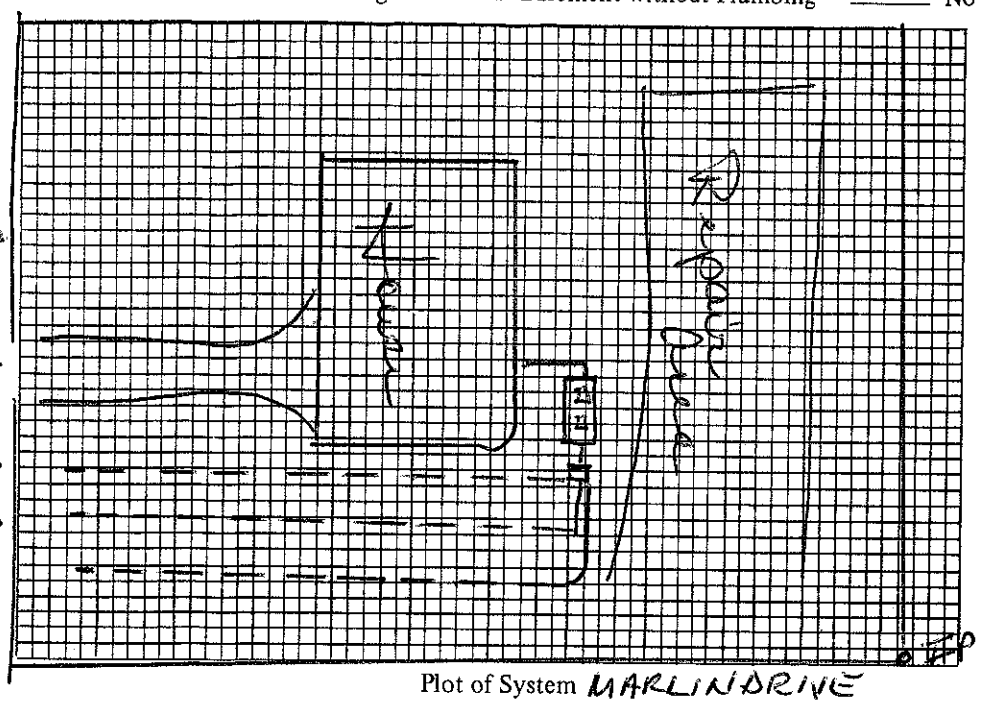
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	P - CR - SC
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	1.4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	27°
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	> 48"
			Rock or other impervious formations	none disturbed

Lot Area 20,000 FT²

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3 @ 70' ✓ 3'
Sq. Ft. 630 Linear Ft. 210
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓) COMM WATER

Installed by Rowan Septic Tank

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 12/29/91

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