13439

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 Crown Ventures DATE Oct. 11, '91 PERMIT NO. 26-6-A-150

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 (Stutts Rd.) TL 1212 (1st Commodore Loop) on Right corner lot w/ Marlin Dr. S. R. No. _____

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

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

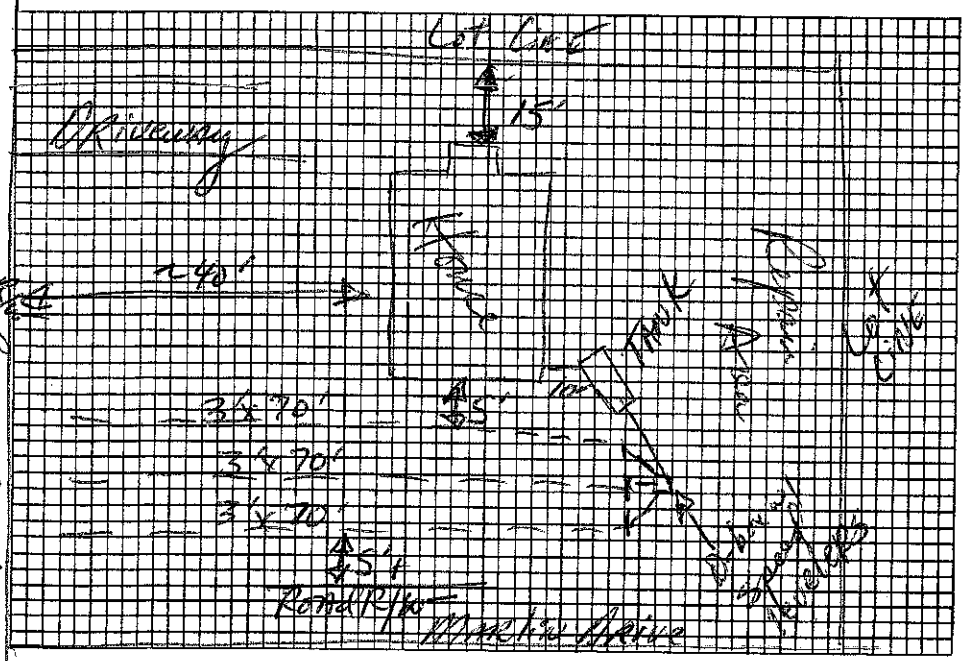
No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ PS Yes (✓) No ( )

Character & Porosity of Soil ~4 ps clay
Percolation Rate ~4
Topography ~2%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area Existing (~40,000 ft²)

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

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

Water Supply: Individual ( )
Public (✓) CW

Installed by _____

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

Signed _____

IMPROVEMENTS PERMIT BY Jack R. Hinson, RS.

COMMENTS: Full (exit) plumbing from house at or slightly above existing ground level and backfill around foundation. Set tank shallow. Maximum trench bottom depth on nitrification lines of 36".

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