IREDELL COUNTY HEALTH DEPARTMENT

12053

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

OWNER OR CONTRACTOR Garren Brewer DATE 10/15/90 PERMIT NO. 26-6-A-1

PHONE: Business _____ Home _____

LOCATION 1100 TL Stutts TL Marlin On left

S. R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 11 SECTION OR BLOCK NO. _____

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

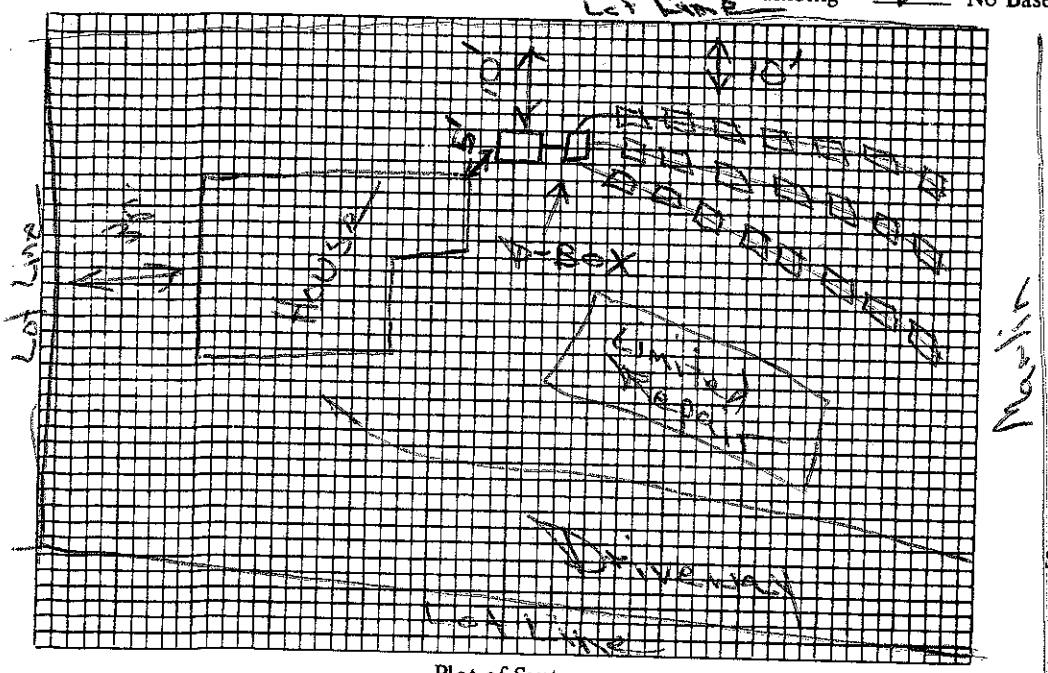
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	FS clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	No 3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	1-5%
Site ~~Suitable~~ FS	Yes (✓)	No ( )	Depth to Water Table	+ 3'
			Rock or other impervious formations	none obs

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

~~1250~~ 1000



Plot of System

Size of Tank ~~1000~~ Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. — Linear Ft. 200'
Depth of Stone in Lines T & J

Water Supply: Individual ( ) 16"
Public (✓) Panel
C. W.

Installed by _____

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

Signed: Garren Brewer

IMPROVEMENTS PERMIT BY Sam Ingram E&S

COMMENTS: D-Box with 4:2 reducers and speed levelers

Front of house offset 116' from front property line
Drive must 10' maximum off left property line

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