11:30 - 12

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 DATE 1/9/89 PERMIT NO.

PHONE: Business Home

LOCATION 1100 T.L. Stutts T.L. 1st Commodore On Left. S. R. No.

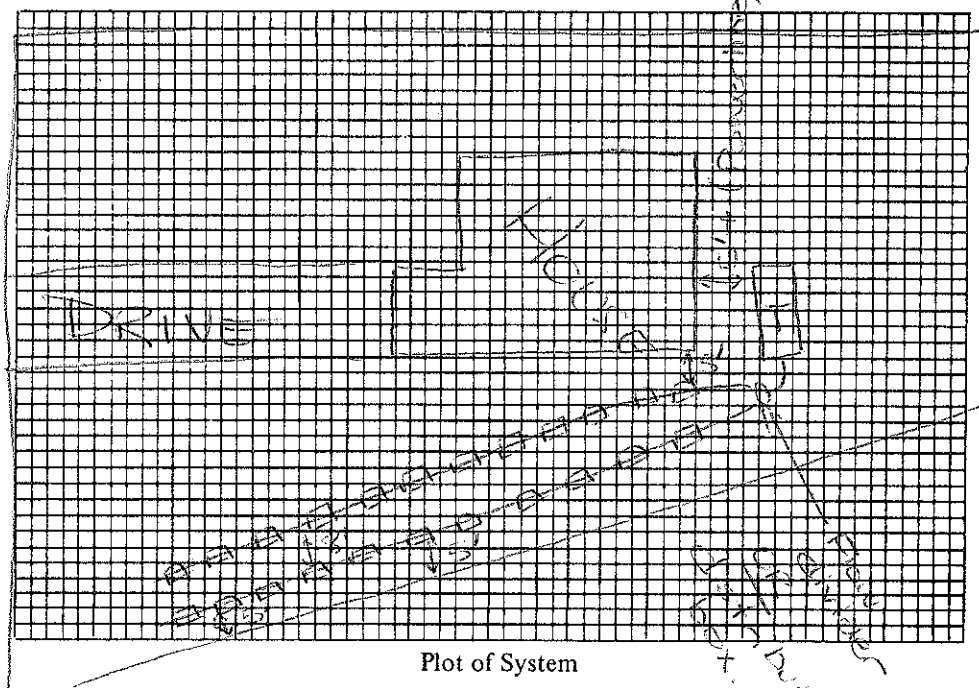
SUBDIVISION NAME Commodore Rd LOT NO. 210 SECTION OR BLOCK NO.

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

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 20000 ft²

Character & Porosity of Soil clay (loamy)
Percolation Rate 3
Topography 4% o
Depth to Water Table 4'+
Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. ~~270~~ 170
Depth of Stone in Lines of 16" T
Water Supply: Individual ( ) and J
Public (✓) panch

Installed by _____

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

Signed C.W. Brewer

IMPROVEMENTS PERMIT BY Andie C. Rice

COMMENTS: Install lines at 5' off property line. You may put in a stepdown. Remove any trees if necessary. Gutter drains must be piped off w/ Sand Pipe so that no leaks can be a problem.

CERTIFICATE OF COMPLETION BY for our drainfield 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