4636-60-5210

15056

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Spear Const. Co. DATE 8/14/92 PERMIT NO. 26-6A-208

PHONE: Business 663-7954 Home

LOCATION 1100, T/L 1112, T/L COMMODORE DRIVE 1st ENTRANCE, ON (R) AT CORNER OF CHANNELVIEW STREET S.R. No.

SUBDIVISION NAME COMMODORE PENINSULA LOT NO. 208 SECTION OR BLOCK NO.

House ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~20,000 Sq'

Soil Characteristics P-C

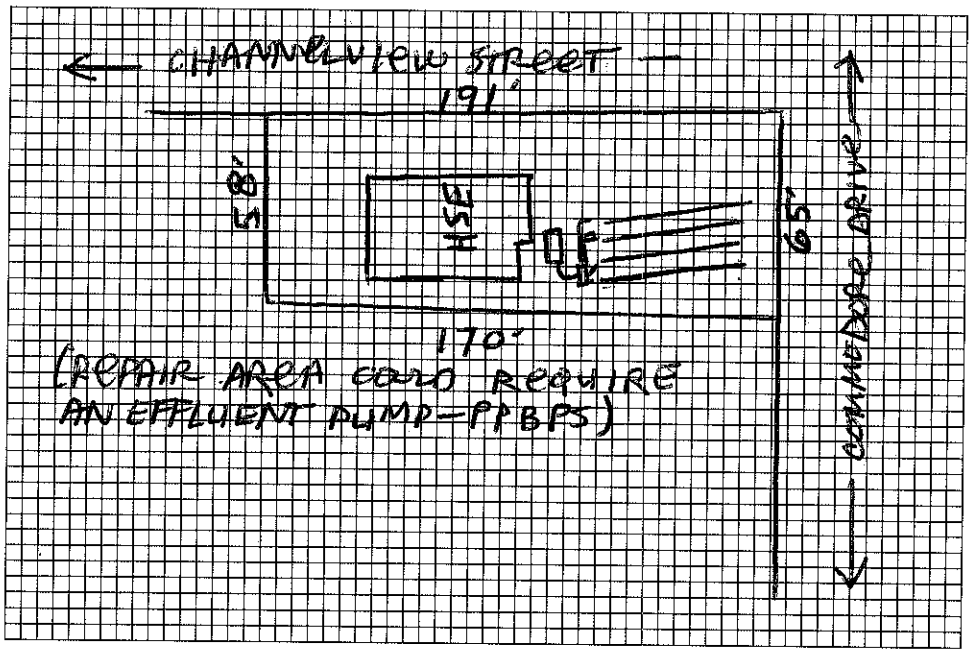
Application Rate P-5P-55-5F (.3)

Topography P-3%

Depth to Water Table S - >48"

Rock or other impervious formations S-NONE OBSERVED

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 50' x 2'

Sq. Ft. ____ Linear Ft. 200 *

Depth of Stone in Lines 6" UNDER

Water Supply: Individual ☐ Public ☑ COMM SYSTEM

*GRAVITY PREFABRICATED PANEL BLOCK SYSTEM

Installed by ROWAN SEPTIC TANK

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

Signed: ____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY (WESLEY SPARKS)

COMMENTS 10-1-92 WRITE ON DATE 1000 gal.

SYSTEM INSTALLED ON LEFT SIDE OF LOT DUE TO STUBOUT ELEVATION.

CERTIFICATE OF COMPLETION BY Andrea S Lemon, RS DATE 12-15-92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold