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IREDELL COUNTY HEALTH DEPARTMENT

15056

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

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

PHONE: Business 663-7954 Home

LOCATION 1100, TL 1112, TL COMMODORE DR. 1ST ENTRANCE ON (R) JUST past CHANNELVIEW 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 FT²

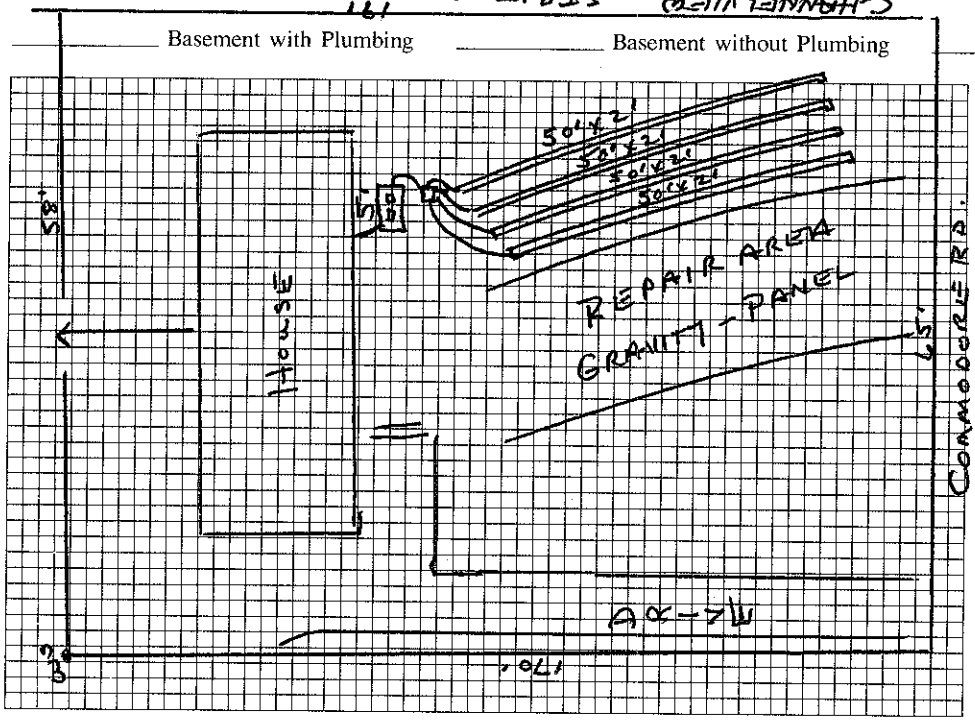
Soil Characteristics P - C

Application Rate P - SP - 55 - SF (.3)

Topography P - 30%

Depth to Water Table S - > 48"

Rock or other impervious formations S - NONE OBSERVED



Plot of System (Not to Scale)

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

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 ☐ COMM

Public ☑ SYSTEM

* GRAVITY PREFABRICATED PANEL BLOCK SYSTEM

Installed by

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

Signed: X

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

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS

Trench depth no deeper than 36" to trench bottom. Lines on slope contour in direction shown.

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 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